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ABSTRACT

This KIDS COUNT report examines statewide trends in the well-being of Tennessee's children. The statistical portrait is based on indicators of children's well-being in five broad areas: (1) healthy babies, including enrollment in the TennCare insurance program, prenatal care, infant mortality and child deaths, and immunizations; (2) healthy children, including teen deaths, substance abuse, and sexually transmitted diseases; (3) healthy minds, including mental health, education, high school dropout rates, and child care and preschool education; (4) healthy families, including population demographics, unemployment, single-parent families, and income and poverty; and (5) healthy communities, including domestic violence, child abuse, juvenile justice, child welfare, and school safety. Following an executive summary highlighting major findings, the report provides findings, by county, for each of the indicators. Among the findings are the following: (1) nearly half of TennCare participants are under age 20; (2) African-American babies died nearly two and a half times more often than white babies; (3) in the 15-19 age group, white teens were 3 times more likely than African American teens to die in an automobile accident, whereas African American teens were 16 times more likely than white teens to die due to homicide; (4) the number of regulated child care agencies in Tennessee has increased; (5) high school dropout rates have decreased; (6) Tennessee ranked 41st among states in median income; (7) food stamp participation has decreased since 1994; (8) child abuse declined slightly between 1997 and 1998; and (9) between 1994-95 and 1998-99 the number of children committed to

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state custody declined by nearly one third. The report concludes with definitions and data sources. Contains 92 references. (HTH)

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KIDS COUNT
State of the Child in Tennessee
2000

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Tennessee Commission on Children and Youth

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KIDS COUNT
2000

The State of the Child in Tennessee

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Tennessee Commission On Children and Youth

The Tennessee Commission on Children and Youth (TCCY) is an independent state agency advocating for improvement in the quality of life of children and families. To fulfill this mission, TCCY collects and disseminates information on children and families for the planning and coordination of policies, programs, and services; administers and distributes funding for teen pregnancy prevention programs and for improvements in juvenile justice; and evaluates the delivery of services to children in state custody

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How to Use this Book

The KIDS COUNT State of the Child provides useable information for all individuals, primarily professionals, who have an interest in the status of children in Tennessee. The selected indicators in this book represent specific areas that impact children's health, social, educational, and economic status in this state. The indicators are grouped into five areas: Healthy Babies, Healthy Children, Healthy Minds, Healthy Families, and Healthy Communities.

The data summarized in the Tennessee KIDS COUNT State of the Child for the year 2000 represent the most current information available at the time of publication. The summaries provided in the "Major Findings" section of the Executive Summary highlight only a portion of the information included in each of the five sections.

The figures in this book were provided in raw form by various state agencies working with the Tennessee Commission on Children and Youth. Standard mathematical formulas were used to convert the data to rates or percents, which are needed for the descriptions of indicators. (See Key Facts below.)

The graphs in this book were developed to stand alone in their content and to provide a visual depiction of the data. The narrative accompanying each indicator adds substantive information, reflecting broader issues that may be considered when viewing the indicator.

Key Facts

- Due to the time required for our data sources to collect the indicator data and the time required to produce this book, the 2000 data reports 1997, 1998, and 1999 data. The figures are based on different time intervals (e.g., calendar year, fiscal year, academic year, three-year averages, and five-year averages). The reader is cautioned to check each indicator or check definitions and data source to determine the exact time period being reported.

- State-level data are based on 1998 population estimates. National data are based on Population Reference Bureau, analysis of data from the U.S. Bureau of the Census, Current Population Survey (March supplement), 1983 through 1999.

- No rates are reported for counties when the incidence of an indicator is too small to be meaningful. The reader is cautioned to check each footnote for clarification.

- To interpret indicator rates, the reader is cautioned to check each heading specification (percent, rate per 1,000, 10,000, or 100,000) or check definitions and data source.

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Executive Summary

KIDS COUNT: The State of the Child in Tennessee is published by the Tennessee Commission on Children and Youth with partial funding from the Annie E. Casey Foundation.

The Annie E. Casey Foundation funds a national and state-by-state effort to track the status of children in the United States. By providing policy makers and citizens with benchmarks of child well-being, KIDS COUNT seeks to enrich local, state, and national discussions concerning ways to secure better futures for all children. At the national level, the principal activity of the initiative is the publication of the annual KIDS COUNT Data Book, which uses the best available data to measure the educational, social, economic, and physical well-being of children and their families. The Foundation funds statewide KIDS COUNT projects in 49 states, including Tennessee and the District of Columbia.

The Tennessee Commission on Children and Youth (TCCY) is an independent state agency created by the Tennessee General Assembly to advocate for improvements in the quality of life for children and families, coordinate regional councils on children and youth, administer state and federal juvenile justice funds, evaluate services to children in state custody, and compile and disseminate information on Tennessee's children.

Data used in this publication were collected from various state and federal agencies and represent the most current data available at the time of the publication. Narratives on each of the child indicators were developed to provide a summary of the findings and implications regarding the status of children. Indicators are grouped into five major categories, including healthy babies, healthy children, healthy minds, healthy families, and healthy communities.

This year's publication displays copies of original artwork completed by children in state custody. The artwork displayed on the front of the publication and each section was provided to KIDS COUNT in response to an art contest in which the children drew their pictures based on the section topics. Special thanks is given to the Mid-Cumberland Council on Children and Youth and the Department of Children's Services for the artwork project: the Mid-Cumberland Council for financial support in providing prizes for each of the participating children and the Department of Children's Services for allowing the children to be a part of the project.

Major Findings

Healthy Babies

- In 1998, 37,301, or 48.2 percent, of all births in Tennessee were paid for by TennCare.
- Nearly half, or 45.2 percent, of all TennCare enrollees are under the age of 20.
- Of the 152,689 WIC participants in Tennessee nearly half, or 45.1 percent, are children ages one to five years; infants, 28.6 percent; and women, 26.3 percent.
- The pregnancy rate for African-American teens was about two and a half times higher than the rate of their white counterparts.
- Tennessee's rate of low-birth-weight babies is 15 percent higher than the national average.
- With an infant mortality rate of 15.1, African-American babies died nearly two and one half times more often than white babies, with a rate of 6.3.

Executive Summary

Healthy Children

- In the 15 to 19 age group, the chance is three times greater that a white teen will die in a motor vehicle accident than an African-American teen.
- African-American teens ages 15 to 19 are 16 times more likely to die due to homicide than white teens.
- Comparison of state alcohol, tobacco, and other drug use for teens indicated that alcohol and tobacco are the two most frequently used drugs.
- Tennessee teens experienced a 19.8 percent decrease in the incidence of sexually transmitted diseases between the years of 1995 and 1999.

Healthy Minds

- Between 1998 and 1999 there has been an 8.6 percent increase in the number of regulated child care agencies in Tennessee.
- The average cost of one year of child care in Tennessee is 1½ times more than one year of tuition at a state university. Yet when it comes to paying for child care, families are on their own.
- 12 percent of Tennessee students receive special education services, slightly less than the national figure of 12.8 percent.
- Tennessee dropout rates for students decreased from 4.5 percent in 1996-97 to 4.2 percent in 1998-99.
- According to the USDA, Tennessee ranked 13th in the states for having the most food insecure households.

Healthy Families

- Tennessee ranked 41st in median income in the 50 states.
- The top fifth of the population (those making more than $66,200 per year) make 44 percent of all income in the state.
- In more than 95 percent of the Families First assistance groups, the caretaker is a female.
- Tennessee has seen nearly a 31 percent decline in food stamp participants since 1994.

Healthy Communities

- Male students in Tennessee schools are more than three time more likely to be expelled from school than females.
- Between 1997 and 1998 there was slightly more than a 1 percent reduction in child abuse in Tennessee.
- 83 percent of all indicated cases of child abuse involve “someone living in the home.” Since 1995, the indicated child abuse rates have dropped incrementally.
- Between 1994-95 and 1998-99 the number of children committed to state custody declined by nearly one third (32.3 percent).

Healthy Babies

KIDS COUNT 2000

TennCare

TennCare, established in 1994, was designed to be Tennessee's health insurance program for low-income individuals, children, people with disabilities, and people who are unable to secure other forms of health care coverage.

Uninsured Children

In an effort to expand coverage to more of Tennessee's uninsured children, the Bureau of TennCare opened enrollment on January 1, 1998, to uninsured Tennesseans under the age of 19 whose individual family incomes were less than 200 percent of the poverty level. Since January 1, 1998, uninsured children younger than age 19 who meet the TennCare criteria for uninsured have been allowed to enroll in TennCare. The Bureau of TennCare eliminated deductibles and limited co-payments to 2 percent for the new eligibility populations and all uninsured children under 18 years of age who enrolled in TennCare during previous open enrollment periods.

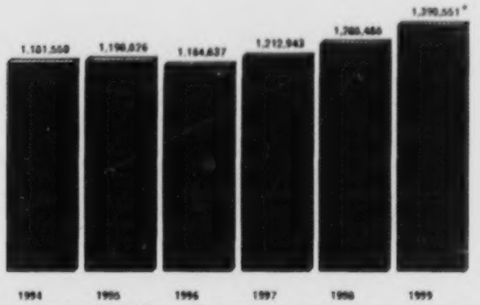
Children's Health Insurance Program (CHIP). In Tennessee, the Medicaid program is provided through a Section 1115a waiver called TennCare. The target population for the State's original CHIP plan submitted to the Health Care Financing Administration (HCFA) in December 1997 was all uninsured children with family incomes below 200 percent poverty. The target population for Phase I of the State's CHIP Plan was approved by HCFA on September 3, 1999, and is a subset of the larger group and includes uninsured children born before October 1, 1983, who have not yet attained the age of 19 years and whose family incomes are below 100 percent of poverty. The effective date of Phase I of the CHIP plan was October 1, 1997.

Managed Care/Behavioral Health Organizations (MCOs/BHOs). TennCare services are offered through managed care organizations (MCOs) and behavioral health organizations (BHOs) under contract with the State. These MCOs, spread over the 12 regions of Tennessee, are paid a fixed amount, which averages $116 per enrollee per month for the MCO services. BHOs are paid $319.41 for priority participants and a variable rate for all other TennCare enrollees and "state onlys."

Covered Services

TennCare covers inpatient and outpatient hospital care, physician services, prescription drugs, lab and x-ray services, medical supplies, home health care, hospice care, and ambulance transportation, as determined medically necessary by the MCO. Excluded from TennCare managed care services are long-term care services and Medicare crossover payments that are continuing as they were under the former Medicaid system.

Total Population Enrolled in TennCare
1994 - 1999



Source: Department of Health, Bureau of TennCare. *Note: Data for 1994-1998 represents fiscal year. 1999 number represents calendar year.

Importance of TennCare

Despite many criticisms, the TennCare program has provided health care to Medicaid eligible children and adults and thousands of others in Tennessee. The Medicaid eligible group consists of some of the poorest children in the state.

Enrollment Efforts and Impact

Several agencies are involved in statewide enrollment efforts, including the TennCare for

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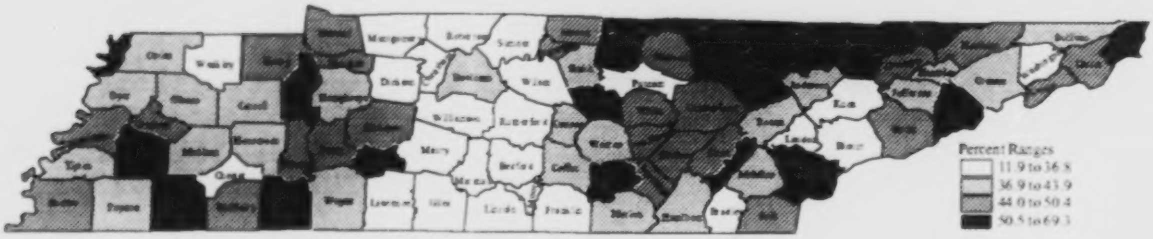
TennCare

TennCare Enrollees Ages 0-20, December 1999



County	TennCare Number	TennCare Percent*
Anderson	7,600	37.3
Bedford	3,671	35.7
Benton	2,235	51.6
Bledsoe	1,426	50.4
Blount	8,862	33.0
Bradley	7,918	34.3
Campbell	6,340	59.6
Cannon	1,384	38.8
Carroll	3,339	40.6
Carter	6,435	47.7
Cheatham	3,099	28.1
Chester	1,616	36.6
Claiborne	4,940	58.7
Clay	1,199	62.8
Cocke	5,317	61.7
Coffee	5,504	39.3
Crockett	1,813	45.5
Cumberland	5,234	48.6
Davidson	59,883	37.9
Decatur	1,380	50.0
DeKalb	2,098	50.6
Dickson	4,553	34.1
Dyer	4,868	43.4
Fayette	3,715	39.4
Fentress	3,114	69.3
Franklin	3,644	35.0
Gibson	5,580	40.7
Giles	2,564	29.9
Grainger	2,663	50.3
Greene	6,416	41.7
Grundy	2,758	66.9
Hamblen	5,934	39.5
Hamilton	31,599	37.1
Hancock	1,210	63.4
Hardeman	4,265	52.8
Hardin	3,774	51.8
Hawkins	6,193	47.5
Haywood	3,346	51.7
Henderson	2,875	43.8
Henry	3,655	47.8
Hickman	2,619	48.2
Houston	968	46.5
Humphreys	1,991	42.8
Jackson	1,433	60.6
Jefferson	4,639	43.4
Johnson	2,134	53.7
Knox	31,730	30.3
Lake	1,013	55.3
Lauderdale	3,879	48.6
Lawrence	4,382	35.7
Lewis	1,590	53.1
Lincoln	3,241	36.8
Loudon	3,498	34.2
Macon	2,400	45.6
Madison	11,194	41.0
Marion	3,452	43.3
Marshall	2,425	31.2
Maury	7,094	33.2
McMinn	5,088	39.3
McNairy	3,323	50.4
Meigs	1,608	65.0
Monroe	5,222	53.8
Montgomery	11,817	28.8
Moore	435	30.2
Morgan	2,681	51.2
Obion	3,340	37.5
Overton	2,328	46.2
Perry	900	44.7
Pickett	704	58.7
Polk	1,742	47.9
Putnam	5,957	33.8
Rhea	3,540	45.5
Roane	5,638	43.7
Robertson	5,157	31.5
Rutherford	12,211	22.9
Scott	4,106	65.1
Sequatchie	1,484	49.8
Sevier	8,292	48.6
Shelby	136,037	46.1
Smith	1,891	40.9
Stewart	1,286	44.5
Sullivan	14,747	38.0
Sumner	10,105	27.3
Tipton	6,261	38.0
Trousdale	893	48.8
Unicoi	1,889	46.9
Union	2,704	57.3
Van Buren	639	48.0
Warren	4,539	43.9
Washington	9,728	36.5
Wayne	2,037	42.4
Weakley	3,278	32.7
White	2,712	44.3
Williamson	4,170	11.9
Wilson	6,077	23.6
Tennessee	628,267	39.1

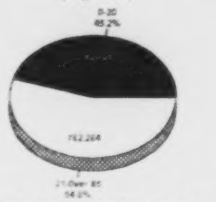
Source: Bureau of TennCare

Note: * Based on 1999 population estimate for people ages 0-20.

TennCare

Total TennCare Enrollees, 1999

By Age Group



Children Project funded for three years by the Robert Wood Johnson Foundation and the Early Child Health Outreach (ECHO) Project funded by the Nathan Cummings Foundation. TennCare for Children was launched in 1999 with three pilot programs located in Memphis/Shelby County, Hardeman/Haywood counties, and Claiborne/Campbell counties. Statewide coordination of the project is in Nashville and managed by the Tennessee Health Care Campaign. Pilot projects are focused on efforts to enroll TennCare-eligible children who have been difficult to reach or whose parents may not have been aware that their children are eligible. From January 1999 through December 1999, the number of children enrolled in TennCare in the pilot project areas increased from 138,686 to 144,042 children, or 3.86 percent.

The newly funded ECHO Project began on November 1, 1999, partnering with seven not-for-profit agencies to ensure that 60 percent of the 238,552 children birth to six receive Early and Periodic Screening, Diagnosis and Treatment services (EPSDT).

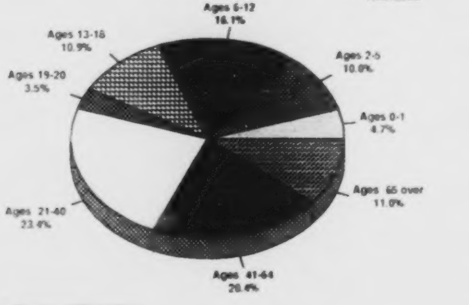
The TennCare for Homeless Children project is another project designed to identify and increase access to health care for homeless children. The project began in June 1998, funded through a grant from the Department of Housing and Urban Development. During the 1998-99 fiscal year 1,508 children were served in 14 different domestic violence and homeless shelters across Tennessee.

Recently the University of Tennessee completed a survey of TennCare recipients, a follow-up to six previous surveys of 5,000 Tennessee households conducted annually since 1993. Findings include:

- The estimated number of uninsured in Tennessee has gone from 452,232 in 1993 to 387,584 in 1999, a decrease of 14.3 percent.
- There was slight increase in the number of uninsured (estimated) from 1998 to 1999, going from 335,612 in 1998 to 387,584 in 1999, an increase of 1.5 percent.
- The slight trend upward in enrollees since 1997 is attributable to the fact that Tennessee has made progress in providing insurance to those under age 18.
- 71 percent of the people polled in the survey stated that the major reason that they do not have insurance is due to not being able to afford it.
- There is virtually no change in the participants' view of the quality of care they and their children are receiving relative to 1998. There was no change in the ratings provided by all heads of households or in the perceived quality of care for children. However, current ratings of health care quality for the TennCare population are higher than under Medicaid (Fox, 1999).

Tenncare Enrollees as of December 1999

By Age Group

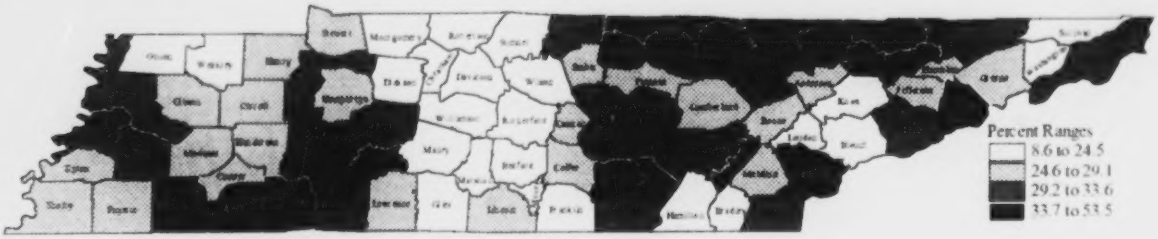


Source: Bureau of TennCare

The seven-year longitudinal study indicates the TennCare participant as adjusting to the process of managed care and the changes that occurred in transition from Medicaid. Five years into the TennCare program there is substantial evidence that, at least from the perspective of the recipients, the program is working as expected (Fox, 1999).

TennCare

Total Population Enrolled in TennCare, December 1999



County	TennCare	
	Number	Percent*
Anderson	18,246	24.7
Bedford	7,975	22.9
Benton	5,432	32.9
Bledsoe	3,570	33.4
Blount	20,942	20.5
Bradley	17,952	21.7
Campbell	16,945	44.0
Cannon	3,260	27.0
Carroll	8,423	28.3
Carter	16,494	30.1
Cheatham	6,694	19.6
Chester	3,808	26.2
Claiborne	12,808	43.1
Clay	3,353	44.4
Cocke	13,482	41.5
Coffee	12,429	26.9
Crockett	4,142	29.4
Cumberland	12,521	28.9
Davidson	122,675	22.3
Decatur	3,720	33.6
DeKalb	5,352	33.6
Dickson	10,006	24.5
Dyer	11,539	30.9
Fayette	7,998	27.4
Fentress	8,666	53.5
Franklin	8,795	23.2
Gibson	12,992	26.5
Giles	6,202	21.2
Grainger	7,010	35.6
Greene	16,958	28.1
Grundy	7,150	50.1
Hamblen	14,578	26.5
Hamilton	68,202	22.4

County	TennCare	
	Number	Percent*
Hancock	3,408	48.1
Hardeman	9,398	37.6
Hardin	9,563	37.8
Hawkins	15,241	30.6
Haywood	7,208	35.4
Henderson	7,034	29.1
Henry	8,467	27.6
Hickman	5,930	29.6
Houston	2,427	30.3
Humphreys	4,691	27.3
Jackson	3,859	39.8
Jefferson	11,161	26.9
Johnson	5,844	34.4
Knox	74,155	19.7
Lake	2,751	32.0
Lauderdale	8,813	35.7
Lawrence	10,386	26.0
Lewis	3,831	35.3
Lincoln	7,734	26.1
Loudon	8,448	22.0
Macon	5,915	33.0
Madison	23,212	26.7
Marion	8,505	31.1
Marshall	5,427	20.9
Maury	15,390	22.4
McMinn	12,461	26.5
McNairy	8,890	36.4
Meigs	3,768	39.4
Monroe	12,678	37.0
Montgomery	23,109	18.5
Moore	1,048	19.4
Morgan	6,289	33.4
Obion	8,014	24.3

County	TennCare	
	Number	Percent*
Overton	6,490	33.8
Perry	2,228	30.0
Pickett	1,954	40.9
Polk	4,619	31.1
Putnam	14,815	24.8
Rhea	8,685	31.0
Roane	14,105	27.5
Robertson	11,029	21.5
Rutherford	24,663	15.5
Scott	10,280	51.0
Sequatchie	3,561	34.6
Sevier	18,441	29.2
Shelby	251,675	28.2
Smith	4,459	27.6
Stewart	3,197	28.2
Sullivan	37,003	24.0
Sumner	22,216	18.0
Tipton	12,293	26.5
Trousdale	2,229	32.8
Unicoi	5,278	29.9
Union	6,174	38.6
Van Buren	1,716	33.0
Warren	11,116	30.3
Washington	24,362	23.6
Wayne	5,014	29.8
Weakley	7,489	22.3
White	6,991	31.0
Williamson	9,413	8.6
Wilson	13,682	16.7

Tennessee	1,390,551	25.4

Source: Bureau of TennCare

Note: * Rate is based 1999 total population estimates.

WIC

Since 1974 the WIC (Women, Infants, and Children) food program has provided much needed nutrition and health benefits to low-income women, infants, and children in Tennessee. The Tennessee WIC program began by serving 2,000 participants in 1974 and has grown to serve 152,689 participants in 1999. Of those participants, nearly half (45.1 percent) are children ages 1 to 5 years. Infants make up 28.6 percent, or more than half, of the remaining 55 percent.

Nationally WIC has an extraordinary track record. Numerous studies have shown the tremendous success of WIC in improving the nutritional status of the women, infants, and children it serves as well as savings in health care dollars. The results of these savings can be seen in these areas:

- Improvement in dietary intake of pregnant and postpartum women and improved weight gain in pregnant women;
- Pregnant women participating in WIC receive prenatal care earlier;
- WIC increases the duration of pregnancy and reduces low-birth-weight rates;
- WIC reduces fetal deaths and infant mortality;
- WIC decreases the incidence of iron deficiency anemia in children;
- WIC significantly improves children's diets;
- WIC improves the growth of at-risk infants and children;
- Children enrolled in WIC are more likely to have a regular source of medical care and are more likely to be immunized;
- WIC helps prepare children for school; receiving WIC benefits is associated with improved cognitive development in children;
- WIC saves money by preventing costly health problems (FRAC, 1999).

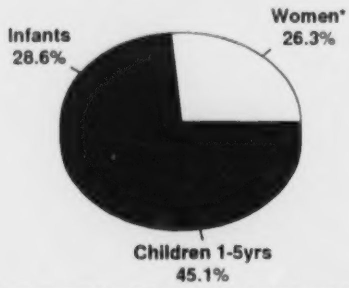
WIC addresses two types of risks that make women and children eligible for the program: 1) medically-based risks such as anemia, underweight, maternal age, history of pregnancy complications, or poor pregnancy outcomes; 2) Diet-based risks, such as inadequate dietary patterns.

WIC is not an entitlement program, but its benefits are targeted for the disadvantaged population through Congressional appropriation. The benefits of WIC are nutrient-dense food packages, nutritional education, and access to health services. WIC promotes foods that are frequently lacking in the target population's diet. These foods are high in iron, calcium, protein, and vitamins.

At the National Association of WIC Directors 1999 annual meeting, the secretary of the U.S. Department of Agriculture, Dan Glickman, encapsulated the importance of WIC over the past 25 years by reporting that: "Without WIC, 22 percent of the four million children entering high school in 1999 could have been saddled with handicaps and disabilities suffered as the result of low-birth weight, but the intervention of the WIC program helped prevent this from happening. And, without WIC, an estimated 113,000 babies would have died. WIC has spent $5.7 billion in benefits to pregnant women over the past 25 years, for an estimated savings of $20 billion to the federal, state, and local governments and to private health providers. The burden of the Medicaid system would be incalculable (if there were no WIC)" (FRAC, 1999).

Tennessee Participants in WIC Program, FY 1999

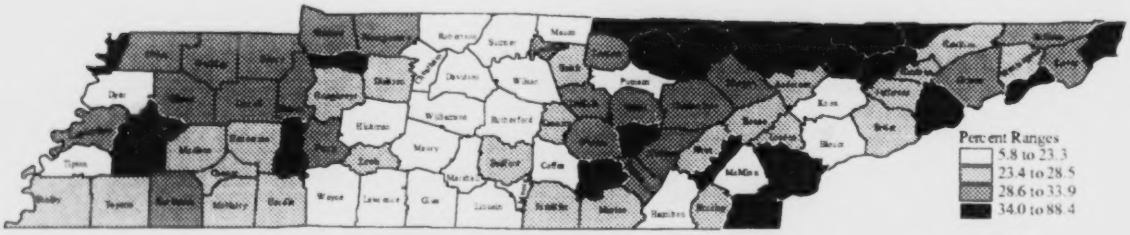
Total Enrollment = 152,689



Source: Tennessee Department of Health. *Represents women who are pregnant, breastfeeding, or postpartum.

WIC

WIC Participants,* Age Birth to 5, Fiscal Year 1999



County	WIC Participant Children*	WIC Participant Percent**
Anderson	1,500	26.3
Bedford	773	25.3
Benton	381	30.6
Bledsoe	240	33.1
Blount	1,376	18.0
Bradley	1,567	23.8
Campbell	1,129	39.2
Cannon	280	27.1
Carroll	703	30.5
Carter	1,165	31.8
Cheatham	500	15.3
Chester	280	25.3
Claiborne	1,060	46.8
Clay	218	44.3
Cocke	909	37.8
Coffee	878	21.6
Crockett	458	41.2
Cumberland	888	28.9
Davidson	8,717	18.1
Decatur	323	40.8
DeKalb	337	29.2
Dickson	910	23.5
Dyer	194	5.8
Fayette	722	26.7
Fentress	480	40.2
Franklin	704	25.5
Gibson	1,286	33.3
Giles	413	17.3
Grainger	504	35.2
Greene	1,371	32.9
Grundy	458	39.2
Hamblen	1,251	28.4
Hamilton	5,555	22.7
Hancock	266	53.9
Hardeman	766	32.4
Hardin	586	27.8
Hawkins	1,049	28.5
Haywood	724	39.1
Henderson	488	26.5
Henry	704	33.9
Hickman	343	22.7
Houston	227	38.1
Humphreys	337	25.9
Jackson	218	32.8
Jefferson	699	25.0
Johnson	419	40.4
Knox	6,055	20.8
Lake	455	88.4
Lauderdale	760	31.9
Lawrence	746	20.5
Lewis	263	28.5
Lincoln	508	20.5
Loudon	684	23.7
Macon	297	19.0
Madison	2,004	25.2
Marion	534	24.0
Marshall	478	21.5
Maury	1,245	20.0
McMinn	812	22.1
McNairy	476	25.5
Meigs	237	36.1
Monroe	920	34.5
Montgomery	4,210	31.8
Moore	78	21.9
Morgan	492	33.4
Obion	796	32.4
Overton	477	35.0
Perry	154	28.6
Pickett	153	45.5
Polk	363	37.3
Putnam	981	21.6
Rhea	559	26.3
Roane	909	27.0
Robertson	1,003	20.4
Rutherford	2,597	17.5
Scott	715	39.8
Sequatchie	289	32.1
Sevier	1,253	25.8
Shelby	22,888	25.6
Smith	291	23.6
Stewart	247	31.7
Sullivan	3,291	30.4
Sumner	1,520	15.9
Tipton	1,035	21.3
Trousdale	143	29.2
Unicoi	533	49.4
Union	517	40.0
Van Buren	153	44.4
Warren	925	31.1
Washington	1,987	27.7
Wayne	320	23.3
Weakley	732	29.4
White	508	29.5
Williamson	705	8.0
Wilson	923	12.9
Tennessee	112,570	24.4

Source: Tennessee Department of Health - WIC

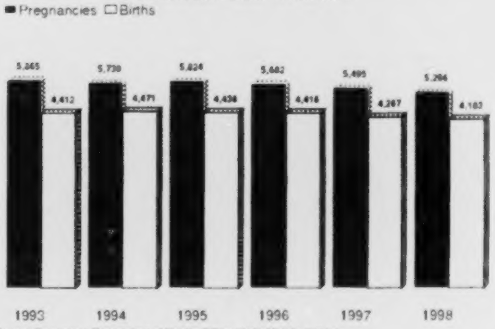
Note: * Average monthly participants, ages birth to 5 years. **Percent of children in the WIC program based on entire population ages 0-5 in each county.

Teen Pregnancy and Birth

The teen pregnancy rate in the United States is the highest of any of the developed countries throughout the world (CDC, 1999). Financially this translates to $120 billion spent on teen pregnancy in the United States between the years of 1985 to 1990.

Despite recent declines in teen pregnancies and births in the U.S., prevention efforts become even more important to eliminate the associated human and social costs.

Number of Pregnancies and Births to Tennesse Teens



Source: Tennessee Department of Health, Office of Health Information

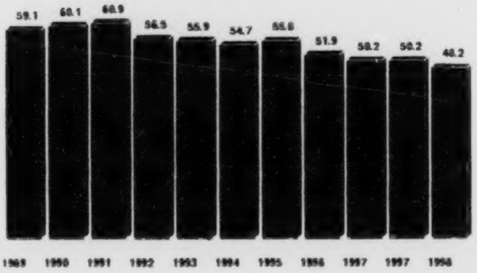
> "A young woman who has a child before graduating from high school is less likely to complete school than a young woman who does not have a child. About 64 percent of teen mothers graduated from high school or earned a GED within two years after they would have graduated, compared with about 94 percent of teen women who did not give birth. Failure to go further in school can limit the mother's employment options and increase the likelihood she and her family will be poor" (Casey Foundation, 1999).

Infants born to teens are between two and six times more likely to have low-birth weight than those babies born to mothers 20 year or older (Health Central, 1998). Teen mothers are more likely to exhibit behaviors that put them at high risk during pregnancy, such as smoking, using alcohol, having poor nutritional habits, and less weight-gain, all increasing the risk that their baby will be born with health problems.

There is a direct relationship between poverty levels, education of parents, and pregnancy rates in communities of color. Young people who live in extreme poverty with parents who have low levels of education have higher rates of pregnancy than youth who live in higher socioeconomic conditions (National Center for Poverty, 1996). Among teens 15 to 17 years old, 46 percent (nearly half) of those with incomes below the poverty level are at risk of unintentional pregnancy, compared with only one third of those with family incomes of two and one half times the poverty level or more.

In 1998, there were 5,296 teen pregnancies and 4,183 teen births in Tennessee. Teen births have decreased by 1.9 percent since 1997, and teen pregnancies declined by 3.6 percent. African-American teens had a pregnancy rate of 93.8, about two and a half times higher than the rate of their white counterparts (36.7 per 1,000 teens). Nearly half of all births in Tennessee, 48.2 percent, were paid for by TennCare.

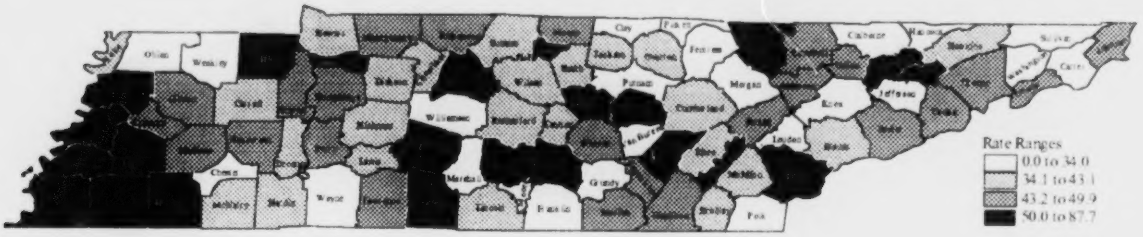
Tennessee Teen Pregnancy Rate Per 1,000 Ages 15-17



Source: Office of Health Statistics and Information Tennessee Department of Health

Teen Pregnancy and Birth

Number and Rate of Teen Pregnancy Per 1,000 Girls Ages 15 to 17, 1998



County	Teen Pregnancy	
	Number	Rate
Anderson	65	47.5
Bedford	41	60.3
Benton	15	45.7
Bledsoe	11	60.1
Blount	70	36.8
Bradley	64	39.0
Campbell	37	47.5
Cannon	8	34.9
Carroll	21	36.7
Carter	30	30.0
Cheatham	28	40.1
Chester	9	23.0
Claiborne	13	19.2
Clay	2	14.4
Cocke	27	44.6
Coffee	55	56.7
Crockett	13	45.6
Cumberland	29	37.2
Davidson	593	58.9
Decatur	8	41.7
DeKalb	18	62.7
Dickson	32	35.4
Dyer	47	64.2
Fayette	39	59.7
Fentress	10	30.3
Franklin	26	32.6
Gibson	43	45.9
Giles	32	51.2
Grainger	20	56.3
Greene	48	44.2
Grundy	10	33.7
Hamblen	67	66.2
Hamilton	281	49.8
Hancock	3	21.7
Hardeman	41	76.6
Hardin	18	37.7
Hawkins	35	37.7
Haywood	25	59.5
Henderson	23	48.5
Henry	27	50.5
Hickman	12	34.7
Houston	9	62.5
Humphreys	14	47.1
Jackson	7	42.2
Jefferson	28	30.4
Johnson	12	43.2
Knox	239	31.5
Lake	5	39.1
Lauderdale	47	87.7
Lawrence	40	48.2
Lewis	7	35.4
Lincoln	25	39.0
Loudon	22	30.2
Macon	17	47.9
Madison	91	48.3
Marion	24	45.3
Marshall	18	32.4
Maury	76	54.5
McMinn	40	43.1
McNairy	17	38.5
Meigs	10	54.9
Monroe	42	59.3
Montgomery	113	43.4
Moore	1	9.6
Morgan	10	26.7
Obion	13	20.8
Overton	15	41.3
Perry	6	47.2
Pickett	7	*
Polk	9	34.0
Putnam	37	26.3
Rhea	23	39.7
Roane	42	44.6
Robertson	51	49.9
Rutherford	171	41.6
Scott	20	50.3
Sequatchie	9	45.5
Sevier	52	44.0
Shelby	1381	75.2
Smith	13	38.0
Stewart	9	43.1
Sullivan	78	29.6
Sumner	93	34.9
Tipton	54	51.2
Trousdale	7	55.6
Unicoi	16	49.7
Union	15	43.4
Van Buren	6	*
Warren	38	49.8
Washington	65	33.2
Wayne	11	33.0
Weakley	17	17.5
White	22	55.7
Williamson	43	15.9
Wilson	63	35.8
Tennessee	5,296	48.2

Source: Office of Health Statistics and Information, Tennessee Department of Health

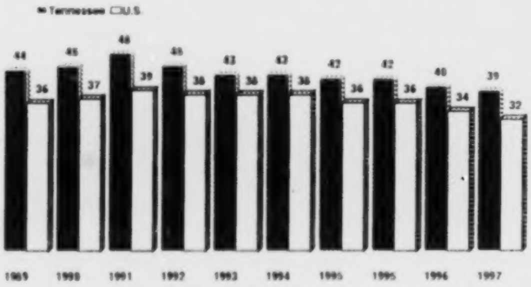
Note: Pregnancies include fetal deaths, abortions, and live births reported to the Department of Health.

*Rate not calculated when population is less than 100.

Teen Pregnancy and Birth

Consequences of Teen Pregnancy

- Teen mothers are more likely to drop out of school.
- Frequently, teen mothers who drop out lack job skills.
- Teens become financially dependent on their families or government.
- Teens are more likely to live in poverty and continue the poverty cycle.
- Teens lack sufficient parenting skills.
- The children of teen mothers (17 or younger) may have more school difficulties and poorer health than children whose mothers were older than age 20.



Teen Birth Rate, Ages 15-17
Rate Per 1,000 Females
Ten-Year Comparison Between Tennessee and U.S.

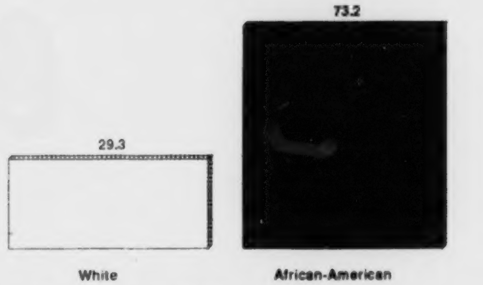
Source: The Annie E. Casey Foundation 1999 Kids Count Data Book: State Profiles of Child Well Being. Baltimore: The Annie E. Casey Foundation.

The Tennessee Commission on Children and Youth, working with the state departments of Education, Health, Human Services, Labor, and Children's Services, designates community-based programs for teens that are "worthy of emulation." A committee made up of representatives from TCCY and the departments awards one-time grants to replicate the model programs each year to provide:

- family life education;
- prevention of teen pregnancy;
- counseling services for teens who are or think they are pregnant;
- prenatal care;
- parenting skills education;
- job training and placement; or
- education and support services.

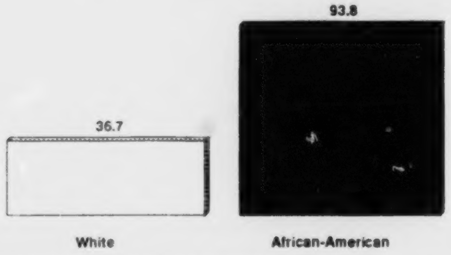
Tennessee's teen pregnancy rate has been relatively stable for the past few years and consistently below the highest level in 1991. The Model Teen Pregnancy Prevention and Teen Parenting Programs and replications, the Adolescent Pregnancy Initiative, implementation of the family life curriculum, and improvements in education regarding AIDS and sexually transmitted diseases are factors thought to have contributed to an end to continually rising rates.

1998 Tennessee Teen Birth Rate
Per 1,000 Females Aged 15-17, by Race



Source: Office of Health and Information, Tennessee Department of Health

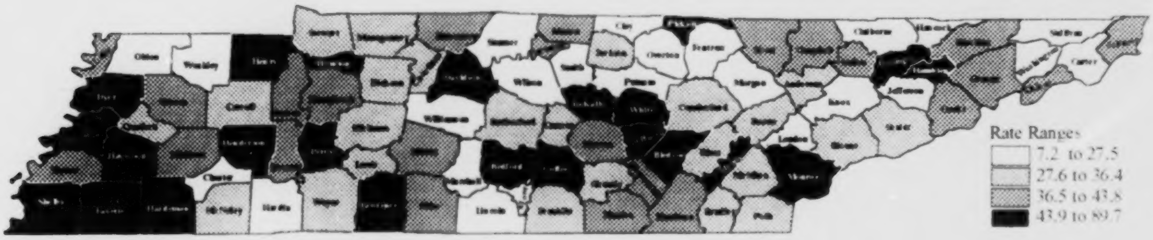
1998 Tennessee Teen Pregnancy Rate
Per 1,000 Females Aged 15-17, by Race



Source: Office of Health and Information, Tennessee Department of Health

Teen Pregnancy and Birth

Teen Birth Per 1,000 To Women Ages 15 to 17, 1998



County	Teen Birth	
	Number	Rate*
Anderson	49	35.8
Bedford	36	52.9
Benton	14	42.7
Bledsoe	11	60.1
Blount	54	28.4
Bradley	58	35.3
Campbell	33	42.4
Cannon	8	34.9
Carroll	18	31.5
Carter	22	22.0
Cheatham	22	31.5
Chester	8	20.5
Claiborne	12	17.7
Clay	2	14.4
Cocke	24	39.6
Coffee	45	46.4
Crockett	9	31.6
Cumberland	25	32.1
Davidson	451	44.8
Decatur	7	36.5
DeKalb	17	59.2
Dickson	26	28.8
Dyer	41	56.0
Fayette	31	47.5
Fentress	8	24.2
Franklin	22	27.6
Gibson	39	41.7
Giles	24	38.4
Grainger	20	56.3
Greene	46	42.4
Grundy	10	33.7
Hamblen	52	51.4
Hamilton	230	40.8

County	Teen Birth	
	Number	Rate*
Hancock	1	7.2
Hardeman	35	65.4
Hardin	12	25.2
Hawkins	34	36.6
Haywood	20	47.6
Henderson	21	44.3
Henry	26	48.6
Hickman	10	28.9
Houston	9	62.5
Humphreys	13	43.8
Jackson	6	36.1
Jefferson	23	24.9
Johnson	11	39.6
Knox	170	22.4
Lake	5	39.1
Lauderdale	46	85.8
Lawrence	37	44.6
Lewis	7	35.4
Lincoln	17	26.5
Loudon	20	27.4
Macon	15	42.3
Madison	72	38.2
Marion	22	41.5
Marshall	14	25.2
Maury	61	43.7
McMinn	32	34.4
McNairy	14	31.7
Meigs	10	54.9
Monroe	42	59.3
Montgomery	81	31.1
Moore	1	9.6
Morgan	8	21.4
Obion	10	16.0

County	Teen Birth	
	Number	Rate*
Overton	10	27.5
Perry	6	47.2
Pickett	7	89.7
Polk	8	30.2
Putnam	32	22.8
Rhea	20	34.5
Roane	33	35.0
Robertson	44	43.1
Rutherford	129	31.4
Scott	17	42.7
Sequatchie	8	40.4
Sevier	43	36.4
Shelby	1,006	54.8
Smith	9	26.3
Stewart	7	33.5
Sullivan	68	25.8
Sumner	72	27.0
Tipton	44	41.7
Trousdale	5	39.7
Unicoi	13	40.4
Union	15	43.4
Van Buren	5	50.5
Warren	31	40.6
Washington	53	27.1
Wayne	10	30.0
Weakley	14	14.4
White	19	48.1
Williamson	29	10.7
Wilson	47	26.7

Tennessee	4,183	38.1

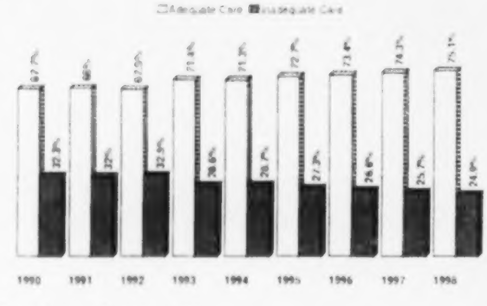
Source: Office of Health Statistics and Information. Tennessee Department of Health

* Rate is based on 1998 population estimates for ages 15-17.

Prenatal Care

Typically prenatal care has been used as a means to identify those mothers at risk of delivering a preterm baby and to provide an extensive array of available educational, medical, and nutritional interventions that are intended to reduce the number of low-birth-weight conditions and outcomes. Pregnancy is a normal and healthy experience that should not be viewed as a problem, unless the mother is under the age of sixteen. For teens, the lack of prenatal care is just one of many problems associated with an early pregnancy.

Prenatal Care,1990-1998



Source: Tennessee Department of Health

Thorough and extensive prenatal care is critical to a healthy delivery. The empirical evidence connecting prenatal care and reduced rates for low-birth-weight babies emerged slowly and has been equivocal (Alexander, Korenbrot, 1995). Young mothers are less likely to receive prenatal care in the first trimester of pregnancy than any other age group. Thus, young mothers are less informed and are not getting the information they need to ensure the pregnancy is healthy and complication-free.

In Tennessee, the level of adequate prenatal care has steadily improved from 67.7 percent in 1990 to 75.1 percent in 1998, an increase of 10.9 percent. Prenatal care levels began to improve in Tennessee when the Medicaid program was expanded to serve pregnant women above the poverty level. Improvements have continued with TennCare. In 1998, TennCare paid for nearly half, or 48.2 percent, of all births in Tennessee.

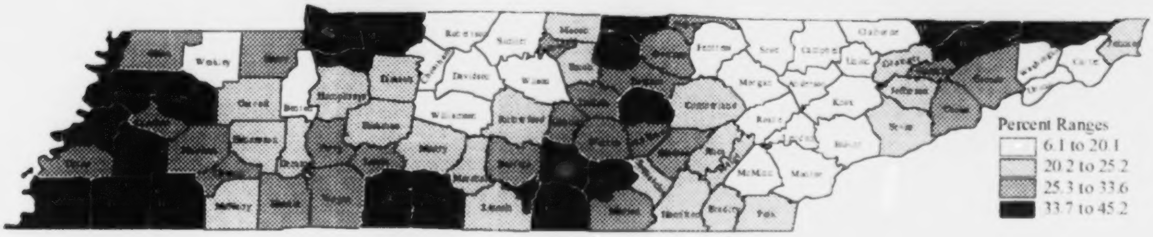
To continue this consistent increase in prenatal care use, it is important to continue exploring the maternal, paternal, and social factors that contribute to the adequate use of prenatal care. Prenatal care usage determinants are varied and range from the obvious to the subtle. The obvious are financial, geographic location, and support; the more subtle are culture and attitudinal characteristics that require knowledge regarding cultural sensitivity.

The differences between race in regards to prenatal care are as prevalent as the differences between the races in regards to low-birth weight. Typically, fewer African-American women receive prenatal care than do white women. However, the numbers have been increasing. Nationally in 1970 only 44.2 percent received prenatal care. By 1995 that number increased to 70.3 percent (HHS, 1997). The percentage of women receiving adequate prenatal care during the first three months of pregnancy has increased over the past two decades for white, African-American, and Hispanic women. Although white women are still the most likely to receive prenatal care in their first trimester, the greatest gains have been made for African-American and Hispanic women.

A woman's social support group and family have a lot to do with negative or positive attitudes toward a pregnancy. Depression and denial, especially found in adolescents, have been associated with poor use of prenatal care. Women whose pregnancies are unwanted or untimely typically have negative attitudes about being pregnant and are more likely to delay prenatal care or continually miss appointments (Alexander, Korenkrot, 1995)

Prenatal Care

Percent of Births Lacking Adequate Prenatal Care, 1998



County	Prenatal Care* Adequate	Prenatal Care* Not Adequate
Anderson	85.1	14.9
Bedford	68.2	31.8
Benton	79.9	20.1
Bledsoe	68.4	31.6
Blount	90.9	9.1
Bradley	77.7	22.3
Campbell	87.4	12.6
Cannon	70.7	29.3
Carroll	77.2	22.8
Carter	81.3	18.7
Cheatham	91.9	8.1
Chester	74.6	25.4
Claiborne	85.6	14.4
Clay	54.8	45.2
Cocke	72.9	27.1
Coffee	56.5	43.5
Crockett	69.3	30.7
Cumberland	76.6	23.4
Davidson	85.1	14.9
Decatur	74.8	25.2
DeKalb	71.1	28.9
Dickson	79.6	20.4
Dyer	65.4	34.6
Fayette	66.2	33.8
Fentress	83.3	16.7
Franklin	57.8	42.2
Gibson	66.1	33.9
Giles	64.6	35.4
Grainger	78.2	21.8
Greene	69.9	30.1
Grundy	58.1	41.9
Hamblen	69.6	30.4
Hamilton	76.2	23.8
Hancock	61.1	38.9
Hardeman	64.7	35.3
Hardin	72.5	27.5
Hawkins	64.9	35.1
Haywood	59.8	40.2
Henderson	75.7	24.3
Henry	73.3	26.7
Hickman	76.7	23.3
Houston	64.6	35.4
Humphreys	76.2	23.8
Jackson	62.0	38.0
Jefferson	79.3	20.7
Johnson	75.5	24.5
Knox	86.4	13.6
Lake	59.3	40.7
Lauderdale	58.8	41.2
Lawrence	65.4	34.6
Lewis	70.0	30.0
Lincoln	77.1	22.9
Loudon	81.5	18.5
Macon	78.6	21.4
Madison	68.1	31.9
Marion	69.5	30.5
Marshall	77.7	22.3
Maury	76.0	24.0
McMinn	81.9	18.1
McNairy	78.9	21.1
Meigs	77.3	22.7
Monroe	84.8	15.2
Montgomery	57.8	42.2
Moore	64.0	36.0
Morgan	81.6	18.4
Obion	74.4	25.6
Overton	71.3	28.7
Perry	67.7	32.3
Pickett	73.2	26.8
Polk	76.6	23.4
Putnam	69.4	30.6
Rhea	76.3	23.7
Roane	86.5	13.5
Robertson	80.8	19.2
Rutherford	75.8	24.2
Scott	90.0	10.0
Sequatchie	74.8	25.2
Sevier	74.8	25.2
Shelby	65.8	34.2
Smith	75.7	24.3
Stewart	57.3	42.7
Sullivan	65.6	34.4
Sumner	87.4	12.6
Tipton	66.4	33.6
Trousdale	70.1	29.9
Unicoi	88.6	11.4
Union	91.0	9.0
Van Buren	66.7	33.3
Warren	71.7	28.3
Washington	87.2	12.8
Wayne	74.6	25.4
Weakley	80.5	19.5
White	65.1	34.9
Williamson	93.9	6.1
Wilson	84.2	15.8
Tennessee	75.1	24.9

Source: Office of Health Statistics and Information, Tennessee Department of Health

Note: * Rate is based on live births in 1998.

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Low-Birth-Weight Babies

The goal for Tennessee as well as the nation for the year 2000 was to reduce the number of low-birth-weight babies to no more than 7.1 percent. Neither reached that goal. Low-birth weight is the term used to define infants who are born too small. The national standard defines low-birth weight as infants weighing less than 2,500 grams (5.5 pounds) and very low birth weight as 1,500 grams (3.5 pounds).

In Tennessee in 1998, 4,483 low-birth-weight babies were born to white mothers and 2,416 low-birth-weight babies were born to African-American mothers. As shown on the graph, this translates to 7.6 percent white and 14.3 percent African-American low-birth-weight babies in 1998. Although not substantial, these numbers have risen since 1997 for both white and African-American babies. Nationally, African-American babies are twice as likely as white infants to be born low-birth weight, to be born pre-term, and to die at birth (Shiono, Behrman, 1995).

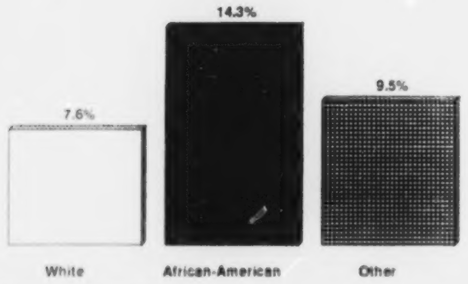
What Works

1) Provide smoking cessation programs that are designed for pregnant females.
2) Provide universal and comprehensive care to all pregnant females.
3) Support and expand research to focus on ethnic differences.
4) Support and expand programs to assist children and families to reverse the possibility of low-birth-weight and potential birth defects.

In 1997, 8.8 percent of Tennessee's babies were low-birth-weight, as compared to the national average of 7.5 percent. With a rate almost 15 percent higher than the national average, Tennessee ranked worse than 40 other states (KIDS COUNT, 2000).

Low-birth-weight babies are not a homogeneous group. They have a multiple range of growth, health, and developmental outcomes. These problems intensify at birth as the babies' weight decreases. A baby's weight at birth greatly affects his or her future behavioral, neuro-sensory, development, and health issues well into adulthood. Some of the less severe but more common developmental and physical delays reflect the fact that low-birth-weight children are disproportionately more likely to come from disadvantaged environments (Shiono, Behrman, 1995).

Percent of Low-Birth-Weight Babies by Race of Mother
1998

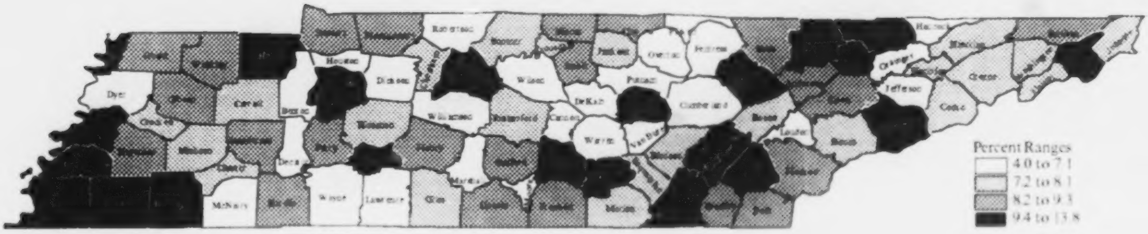


Source: Tennessee Department of Health

To prevent low-weight births it is necessary to understand what the causes are in order to determine modifiable factors that are highly related to these causes. Low-birth weight that results from sub-optimal intrauterine growth is associated with three major risk factors: cigarette smoking during pregnancy, low maternal weight gain, and low pregnancy weight. These three risk factors account for nearly two-thirds of all growth-retarded infants (Kramer, 1987). Other factors that affect low-birth weight are the age of the mother, economic status, stress, ethnicity, and experience of violence during pregnancy.

Low-Birth-Weight Babies

Babies with Low-Birth Weight, 1998



County	Low-Birth-Weight Babies*	
	Number	Percent**
Anderson	74	8.8
Bedford	50	9.1
Benton	7	4.2
Bledsoe	9	8.0
Blount	91	7.3
Bradley	98	8.8
Campbell	49	10.0
Cannon	8	5.1
Carroll	26	7.6
Carter	56	9.4
Cheatham	37	7.4
Chester	14	7.4
Claiborne	40	10.5
Clay	6	8.3
Cocke	31	8.0
Coffee	70	10.7
Crockett	14	8.0
Cumberland	38	7.1
Davidson	830	9.8
Decatur	8	6.1
DeKalb	13	6.6
Dickson	42	7.1
Dyer	36	6.8
Fayette	53	13.0
Fentress	8	4.1
Franklin	40	8.6
Gibson	48	8.5
Giles	32	8.1
Grainger	17	7.1
Greene	58	7.5
Grundy	21	9.8
Hamblen	56	7.4
Hamilton	371	9.6

County	Low-Birth-Weight Babies*	
	Number	Percent**
Hancock	3	5.6
Hardeman	39	11.3
Hardin	25	8.4
Hawkins	48	7.2
Haywood	26	8.9
Henderson	29	8.6
Henry	40	10.4
Hickman	19	7.5
Houston	7	6.1
Humphreys	20	9.8
Jackson	8	8.0
Jefferson	31	6.4
Johnson	13	8.0
Knox	427	9.0
Lake	9	10.0
Lauderdale	57	13.8
Lawrence	40	7.0
Lewis	12	10.1
Lincoln	29	8.4
Loudon	30	6.7
Macon	21	8.4
Madison	103	7.9
Marion	27	8.1
Marshall	24	6.6
Maury	81	8.5
McMinn	62	11.2
McNairy	21	6.9
Meigs	14	9.9
Monroe	44	8.7
Montgomery	196	8.2
Moore	2	4.0
Morgan	30	13.2
Obion	37	9.3

County	Low-Birth-Weight Babies*	
	Number	Percent**
Overton	13	5.3
Perry	9	9.1
Pickett	4	7.1
Polk	17	9.3
Putnam	56	6.9
Rhea	48	12.2
Roane	47	7.6
Robertson	51	7.1
Rutherford	209	7.8
Scott	27	8.4
Sequatchie	11	7.7
Sevier	85	10.0
Shelby	1712	11.3
Smith	19	9.0
Stewart	14	8.5
Sullivan	148	8.3
Sumner	128	7.8
Tipton	68	9.5
Trousdale	7	8.0
Unicoi	17	7.5
Union	23	10.8
Van Buren	3	5.6
Warren	36	7.1
Washington	101	7.5
Wayne	10	5.6
Weakley	31	8.4
White	29	9.6
Williamson	107	6.8
Wilson	69	6.2

Tennessee	7,024	9.1

Source: Office of Statistics and Information, Tennessee Department of Health.

Note: * Less than 2,500 grams or 5.5 pounds. **Rate is based on live birth.

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Infant Mortality

Infant mortality in Tennessee is defined as the rate at which babies die before their first birthday. From 1987 to 1997 Tennessee's infant mortality rate decreased by 27 percent, but was still worse than the national average for 1997. In 1997, Tennessee was ranked worse than 40 other states in infant mortality (KIDS COUNT, 2000).

In 1998, there were 370 white babies and 255 African-American babies that died before their first birthday. African-American babies died at a rate (15.1) nearly two and one half times more often than white babies (6.3).

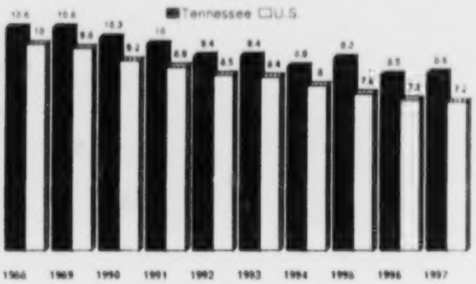
What Works

Infant mortality rates reflect the effectiveness of social and health care measures in communities. To improve infant mortality also requires improving the social, economic, environmental, and political disparity linked to poor outcomes for children, all children.

During the past 30 years maternal and infant mortality has declined in the general population; people are living longer due to medical advances that prolong life. However, there remains an unfinished agenda in child survival. Nationally, 12 million children under the age of 5 continue to die each year from preventable causes. Five million die within the first 28 days of life, almost two-thirds of whom die within the first week. When the 4.3 million annual fetal deaths are added, the importance of combating neonatal and perinatal mortality becomes self-evident (Child Health Research Project, 1999).

Several factors are related to infant mortality. Higher educational attainment of mothers is associated with lower levels of infant mortality (Population Reference Bureau). Infant mortality rates tend to be linked with social and economic conditions in a community. The communities with higher rates of poverty, high unemployment, and poor housing tend to have higher infant mortality rates than communities without these problems.

Other maternal behaviors are associated with infant mortality, including mothers who initiate prenatal care beyond the first trimester, smoke, have poor nutritional habits, use drugs or alcohol, and repeat another birth within six months of a previous one.

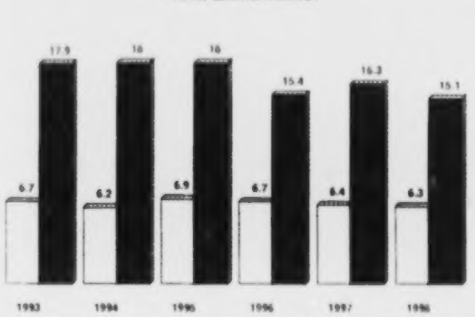


Infant Mortality Rate

(Per 1,000 Live Births)

Ten-Year Comparison Between Tennessee and U.S.

Source: The Annie E. Casey Foundation (1999) Kids Count Data Book: State Profiles of Child Well Being. Baltimore: The Annie E. Casey Foundation.



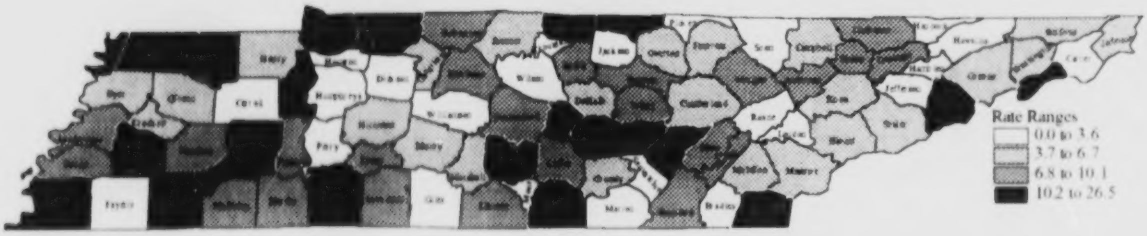
Tennessee Infant Mortality Rate By Race

(Per 1,000 Live Births)

Source: Tennessee Department of Health 1993, Office of Health Statistics and Information

Infant Mortality

Number and Rate of Infant Mortality Per 1,000 Live Births, 1998



County	Infant Mortality Number	Infant Mortality Rate*
Anderson	6	7.1
Bedford	7	12.8
Benton	2	12.1
Bledsoe	2	17.7
Blount	6	4.8
Bradley	4	3.6
Campbell	3	6.1
Cannon	2	12.7
Carroll	1	2.9
Carter	2	3.4
Cheatham	3	6.0
Chester	5	26.5
Claiborne	3	7.9
Clay	1	13.9
Cocke	5	12.9
Coffee	5	7.6
Crockett	1	5.7
Cumberland	3	5.6
Davidson	68	8.0
Decatur	1	7.6
DeKalb	1	5.1
Dickson	0	0.0
Dyer	3	5.7
Fayette	0	0.0
Fentress	1	5.1
Franklin	5	10.7
Gibson	3	5.3
Giles	1	2.5
Grainger	2	8.4
Greene	5	6.4
Grundy	1	4.7
Hamblen	1	1.3
Hamilton	28	7.3

County	Infant Mortality Number	Infant Mortality Rate*
Hancock	0	0.0
Hardeman	5	14.5
Hardin	3	10.1
Hawkins	2	3.0
Haywood	4	13.7
Henderson	4	11.9
Henry	2	5.2
Hickman	1	3.9
Houston	0	0.0
Humphreys	0	0.0
Jackson	0	0.0
Jefferson	1	2.1
Johnson	1	6.2
Knox	25	5.3
Lake	2	22.2
Lauderdale	4	9.7
Lawrence	5	8.7
Lewis	1	8.4
Lincoln	3	8.6
Loudon	1	2.2
Macon	4	15.9
Madison	10	7.7
Marion	1	3.0
Marshall	2	5.5
Maury	5	5.3
McMinn	3	5.4
McNairy	3	9.9
Meigs	1	7.1
Monroe	2	4.0
Montgomery	25	10.4
Moore	0	0.0
Morgan	2	8.8
Obion	5	12.5

County	Infant Mortality Number	Infant Mortality Rate*
Overton	1	4.1
Perry	0	0.0
Pickett	0	0.0
Polk	3	16.5
Putnam	8	9.9
Rhea	3	7.6
Roane	2	3.3
Robertson	7	9.8
Rutherford	22	8.2
Scott	1	3.1
Sequatchie	0	0.0
Sevier	5	5.9
Shelby	204	13.4
Smith	2	9.5
Stewart	3	18.3
Sullivan	12	6.7
Sumner	9	5.5
Tipton	6	8.4
Trousdale	0	0.0
Unicoi	4	17.5
Union	2	9.4
Van Buren	1	18.5
Warren	6	11.8
Washington	9	6.7
Wayne	2	11.1
Weakley	4	10.9
White	3	9.9
Williamson	4	2.5
Wilson	3	2.7
Tennessee	634	8.2

Source: Office of Health Statistics and Information, Tennessee Department of Health

Note: * Rate is based on live births of infants under one year of age.

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Child Death

Tennessee's child death rate declined nearly 11 percent from 29.3 deaths per 100,000 in 1997 to 26.1 in 1998. Despite the decrease in child death rates, comparing Tennessee to national data in 1997 (the most recent national data available), Tennessee ranked worse than 38 other states (20 percent higher) with a rate of 30 children per 100,000, versus a national rate of 28 per 100,000. Community efforts to make our children safe need to continue vigorously to further reduce the child death rate.

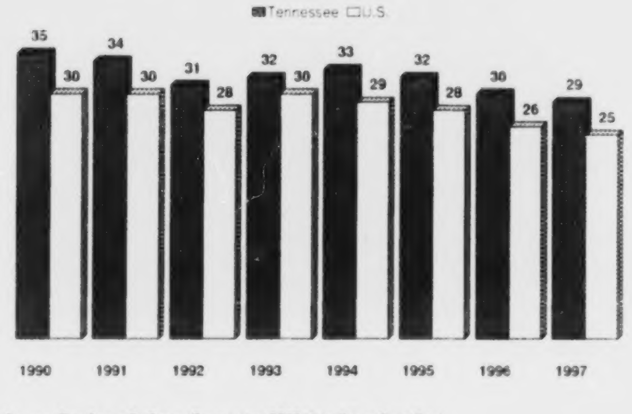
The Child Fatality Review and Prevention Act of 1995 established procedures across Tennessee's 31 judicial districts to review all deaths for residents under the age of 17. The purpose of the Child Fatality Review Team is to recommend statewide education campaigns that assist in reducing the number of child deaths and to improve the health and safety of Tennessee children.

Tennessee's Child Fatality Review Team (CFRT) reviewed 1,042 (all age categories combined) of the reported child fatalities in Tennessee for 1998. Information taken from the Department of Health's preliminary report was reviewed directly from death certificates. The information from the CFRT is intended to recommend statewide education campaigns that assist in reducing the number of child deaths and to improve the health and safety of Tennessee children.

According to the CRFT, 72 percent of the deaths were of natural causes; 19 percent, unintentional injuries; 6 percent, violence (homicide or suicide); and 2 percent, of unknown causes. The greatest number of deaths occurred for children prior to age 1. Across Tennessee, 59 percent of child fatalities were less than one year of age. The second largest category was for children ages 16 to 17, most of whom died of unintentional injuries (CRFT, 1998). Males account for the majority of unintentional injury deaths; females account for the majority of deaths occurring in infants less than 1 year of age.

Of the child fatalities, 63 percent were white; 34 percent, African-American; 1 percent; Hispanic, 1 percent, Asian; and 1 percent, all other categories combined (CRFT report, 1998, preliminary data). African-American children (121 per 100,000) died at nearly twice the rate of white children (62.9 per 100,000).

Child Death Rate Per 100,000, Aged 1-14

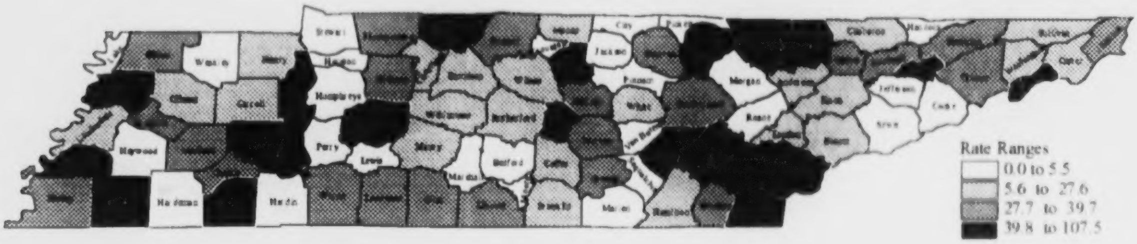


Source: The Annie E. Casey Foundation 2000 Kids Count Data Book

The Center for Disease Control (CDC, 1999) nationally set a target goal of having 45 states with active Child Fatality Review teams in place by the year 2000. Currently there are 48 states that participate in the CFRT process. All teams include representatives from criminal justice, social services, and public health; national guidelines for CFRT require that cases be subject to peer review and cases originate from the coroner's office.

Child Death

Child Death Rate Per 100,000 Children Ages 1 to 14, 1998



County	Child Deaths	
	Number	Rate*
Anderson	1	7.4
Bedford	0	0.0
Benton	2	68.1
Bledsoe	2	107.5
Blount	1	5.6
Bradley	5	32.1
Campbell	5	70.2
Cannon	1	41.0
Carroll	1	18.5
Carter	2	23.3
Cheatham	1	12.2
Chester	1	37.0
Claiborne	1	18.3
Clay	0	0.0
Cocke	0	0.0
Coffee	2	20.8
Crockett	1	37.1
Cumberland	3	39.7
Davidson	20	19.6
Decatur	1	55.6
DeKalb	1	35.8
Dickson	3	31.0
Dyer	4	52.6
Fayette	4	60.1
Fentress	2	66.3
Franklin	1	14.9
Gibson	2	21.7
Giles	2	35.6
Grainger	1	27.9
Greene	3	28.9
Grundy	1	35.9
Hamblen	4	39.9
Hamilton	10	17.9
Hancock	0	0.0
Hardeman	0	0.0
Hardin	0	0.0
Hawkins	3	33.7
Haywood	0	0.0
Henderson	2	44.6
Henry	1	19.8
Hickman	2	51.9
Houston	0	0.0
Humphreys	0	0.0
Jackson	0	0.0
Jefferson	0	0.0
Johnson	1	37.7
Knox	12	18.1
Lake	0	0.0
Lauderdale	1	18.6
Lawrence	3	36.4
Lewis	0	0.0
Lincoln	2	33.5
Loudon	1	14.2
Macon	1	27.6
Madison	6	33.1
Marion	0	0.0
Marshall	0	0.0
Maury	3	20.0
McMinn	4	46.5
McNairy	3	67.2
Meigs	1	57.6
Monroe	5	75.5
Montgomery	10	37.0
Moore	0	0.0
Morgan	0	0.0
Obion	2	34.4
Overton	1	29.2
Perry	0	0.0
Pickett	0	0.0
Polk	2	79.9
Putnam	0	0.0
Rhea	3	58.5
Roane	0	0.0
Robertson	5	41.7
Rutherford	4	11.0
Scott	2	46.8
Sequatchie	0	0.0
Sevier	0	0.0
Shelby	72	36.9
Smith	3	94.0
Stewart	0	0.0
Sullivan	5	19.5
Sumner	8	31.3
Tipton	5	42.8
Trousdale	0	0.0
Unicoi	2	77.3
Union	1	30.8
Van Buren	0	0.0
Warren	2	29.2
Washington	2	11.7
Wayne	1	31.4
Weakley	0	0.0
White	1	23.7
Williamson	4	15.3
Wilson	5	27.0
Tennessee	279	26.1

Source: Tennessee Department of Health

Note: *Rate is based on 1998 population estimate per 100,000 children ages 1-14.

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Immunizations

Preventable diseases cost lives and money to treat and cause permanent disabilities to all ages. Modern medicine has made immunization the single most cost-effective tool available to eradicate diseases. However, many variables still affect immunization rates among our youngest children: ability to pay, lack of health care coverage, and inaccessibility of providers, as well as clinics, transportation, and parental motivation. If all or some of these factors are prevalent in a child's life, he or she may be missing other aspects of health care as well.

Currently the United States has achieved the highest vaccination levels of children in its history. The proportion of children 19 to 35 months fully vaccinated against hepatitis B virus increased 24 percent in the past two years, going from 68 percent in 1995 to 84 percent in 1997. The proportion of children who have received a complete set of vaccinations increased from 76 percent in 1995 to 78 percent in 1997 (Healthy People 2000 Review, 1998-99).

What Works

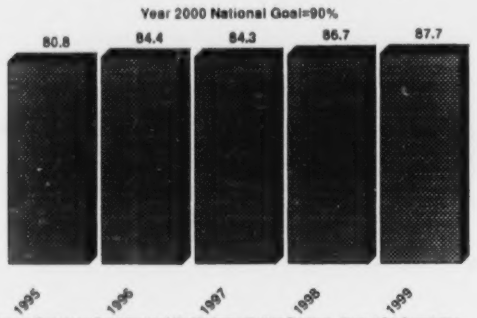
To achieve the year 2000 objectives for having an overall 90% completion rate for children by age two, it is important that efforts be continued by focusing on the following Standards for Pediatric Immunization Practices:

- Reduction of missed opportunities for immunizations;
- Use of reminder/recall systems to alert parents of immunizations due or missed;
- Immunizations that are available on a walk-in basis during clinic hours;
- Identification and reduction of barriers to immunizations;
- Decreased wait times making clinic visits short and pleasant;
- Education of parents on the importance of keeping children on schedule for their immunizations.

A 1998 survey of 24 month-olds found 86.7 percent of Tennessee's children were completely immunized by 24 months of age. The rate for 1999 increased marginally by 1 percent to 87.7 percent. Regional data for 1999 immunization rates indicated that Northeast Tennessee had the highest completion rate of 98.1 percent, with Hamilton County the lowest at 79.8 percent.

Race has long been considered a factor in immunization levels. African-American families in Tennessee have traditionally had fewer children immunized than white families. The completion rate in 1996 for white children was 85.6 percent, falling to 84.9 in 1997, 87.2 in 1998, and, in 1999, rising to a rate of 87.9 percent. These numbers are slightly lower for the African-American population. In 1996, the completion rate was 81.0 percent, 82.8 in 1997, 82.4 in 1998, and 85.8 in 1999. The gap in immunization rates between African-American children and white children appears to be narrowing.

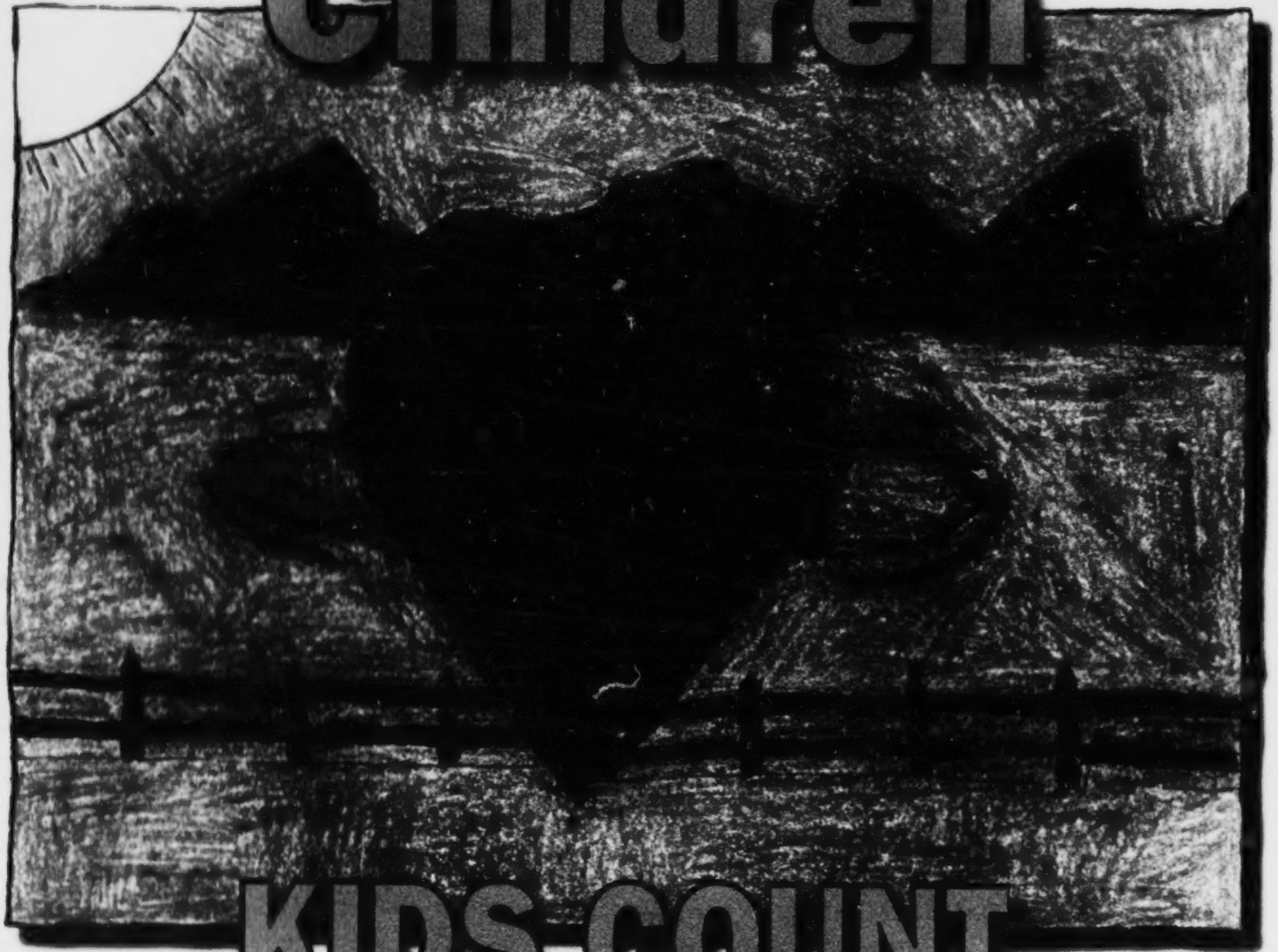
Tennessee Immunization Completion Rates for 24 Month-Old Children (1995-1999)



Source: Tennessee Department of Health, Immunization Program. Note: 4:3:1 Completion Series include four DPT, three OPV, and one MMR.

The difference in completion rates between TennCare enrollees and non-TennCare enrollees is minimal. Non-TennCare enrollees had a completion rate of 89.2 percent in 1999 while TennCare enrollees had a rate of 86.5 percent.

Healthy Children



KIDS COUNT 2000

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Teen Death

Motor vehicle accidents continue to be the leading cause of death among teenagers in Tennessee. According to National Highway Traffic Safety statistics, 100 Tennessee drivers between the ages of 15 and 19 died in traffic accidents during 1998. Crash rates are high largely due to young drivers' immaturity combined with inexperience. Teen drivers lack experience behind the wheel, which makes it difficult for them to recognize and respond to hazardous driving conditions that are routine to more experienced drivers.

The state of Georgia implemented the Teenage and Adult Driver Responsibility Act in July 1997, a graduated licensing system for teens. In 1998, 139 drivers ages 16 to 20 died in crashes compared with 157 in 1996, the last full year before graduated licensing took effect. In comparing the two years, crashes, injuries, and fatalities were down in almost every category involving young drivers. For the same time period in Georgia (1996 to 1998) the number of licensed young people increased by almost 150,000.

What Works

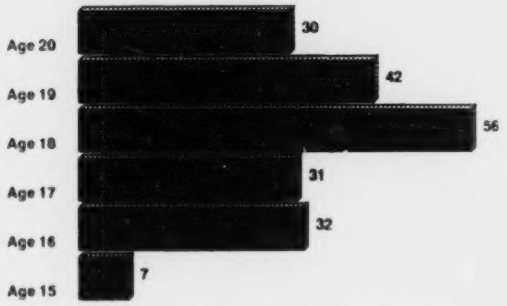
- Violence Intervention programs that promote collaborative efforts within communities.
- Integrating after-school programs with education, community resources, and mentoring programs.
- Graduated drivers licensing for teens, restricting driving to specific daylight hours with few or no passengers in the vehicle.

Nationally in 1997, Tennessee ranked worse than 42 states in overall teen violent deaths (accidents, homicide, and suicide), as reported in the 2000 National KIDS COUNT Data Book. Tennessee's teen violent death rate in 1997 was nearly 35 percent higher than the national average. The 1997 U.S. average was 58 per 100,000 teens compared to Tennessee's rate of 77 per 100,000. Despite Tennessee's poor ranking, the 1997 ranking reflects a 4.9 percent decrease, a slight improvement over 1996 data.

The four Tennessee counties with large urban areas (Shelby, Davidson, Knox, and Hamilton) accounted for nearly one third (32 percent) of all teen violent deaths in Tennessee.

Tennessee Auto Fatalities by Age, 1998

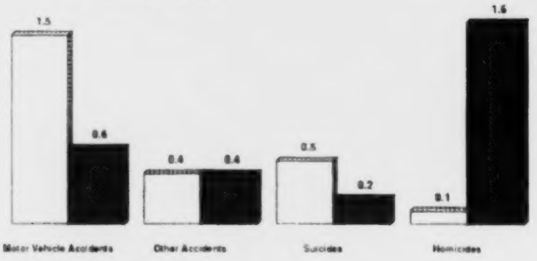
Total = 196



Source: 1993-1997 TN Fact Book & TN Crash Reporting System, May 15, 2000

Teen Violent Death Rate Per 10,000 Teens by Race, Ages 15-19

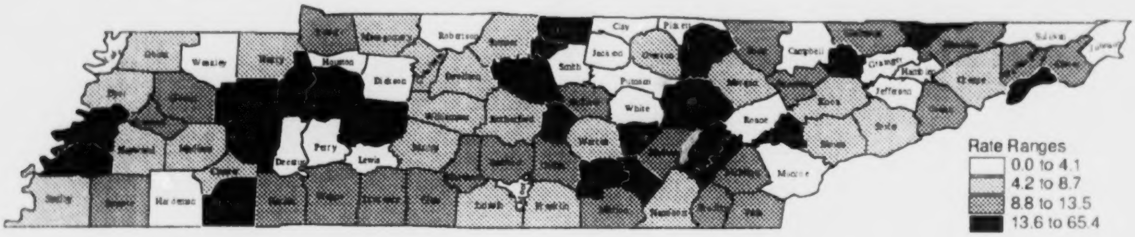
1998



Source: Tennessee Department of Health

Teen Death

Teen Violent Death Per 10,000 Teens Ages 15 to 19, 1998



	Violent Death	
COUNTY	Number	Rate*
Anderson	6	13.1
Bedford	3	13.2
Benton	2	20.1
Bledsoe	1	12.8
Blount	3	4.7
Bradley	5	8.9
Campbell	1	3.8
Cannon	2	24.2
Carroll	4	20.4
Carter	4	11.8
Cheatham	2	8.7
Chester	1	7.6
Claiborne	3	13.5
Clay	0	0.0
Cocke	2	9.6
Coffee	4	12.9
Crockett	1	10.7
Cumberland	5	19.0
Davidson	25	7.1
Decatur	0	0.0
DeKalb	1	10.0
Dickson	1	3.4
Dyer	2	8.1
Fayette	3	12.5
Fentress	2	17.4
Franklin	2	7.3
Gibson	4	12.9
Giles	2	9.5
Grainger	0	0.0
Greene	3	7.9
Grundy	3	30.5
Hamblen	0	0.0
Hamilton	14	7.3

	Violent Death	
COUNTY	Number	Rate*
Hancock	1	21.4
Hardeman	0	0.0
Hardin	2	12.3
Hawkins	4	13.0
Haywood	1	6.8
Henderson	3	18.8
Henry	1	5.4
Hickman	2	15.8
Houston	0	0.0
Humphreys	3	28.1
Jackson	0	0.0
Jefferson	1	3.1
Johnson	0	0.0
Knox	17	6.6
Lake	0	0.0
Lauderdale	5	28.7
Lawrence	3	10.8
Lewis	0	0.0
Lincoln	1	4.8
Loudon	5	20.5
Macon	2	16.4
Madison	5	7.9
Marion	2	10.7
Marshall	2	11.0
Maury	4	8.4
McMinn	3	9.7
McNairy	3	20.0
Meigs	1	15.5
Monroe	1	4.1
Montgomery	6	6.2
Moore	0	0.0
Morgan	1	7.6
Obion	1	4.6

	Violent Death	
COUNTY	Number	Rate*
Overton	1	7.8
Perry	0	0.0
Pickett	0	0.0
Polk	1	11.5
Putnam	2	4.0
Rhea	3	15.1
Roane	1	3.1
Robertson	1	2.8
Rutherford	7	5.0
Scott	2	13.5
Sequatchie	1	14.1
Sevier	3	7.3
Shelby	42	6.5
Smith	0	0.0
Stewart	1	13.4
Sullivan	3	3.3
Sumner	6	6.7
Tipton	5	13.7
Trousdale	3	65.4
Unicoi	5	47.9
Union	2	17.4
Van Buren	1	30.2
Warren	2	8.1
Washington	6	8.8
Wayne	1	8.9
Weakley	1	3.3
White	0	0.0
Williamson	4	4.6
Wilson	10	17.2

Tennessee	305	8.1

Source: Office of Health statistics and Information, Tennessee Department of Health

* Rate is based on 1998 population estimates for teen ages 15-19

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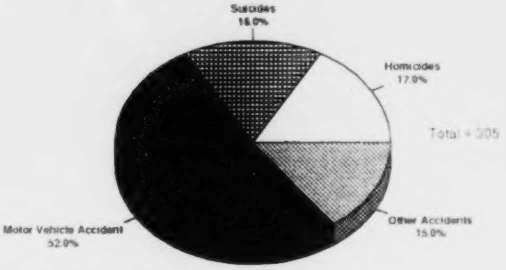
Teen Death

FACTS

- The chance that a white teen will die in a motor vehicle accident is almost three times greater than that of an African-American teen for ages 15 to 19.
- African-American teens, ages 15 to 19 are more than three times more likely to die from firearms than white teens in the same age group.
- African-American teens ages 15 to 19 are 16 times more likely to die due to homicide than a white teen.
- White teens are two and a half times more likely to die from suicide than African-American teens.

Teen Violent Death by Categories, 1998

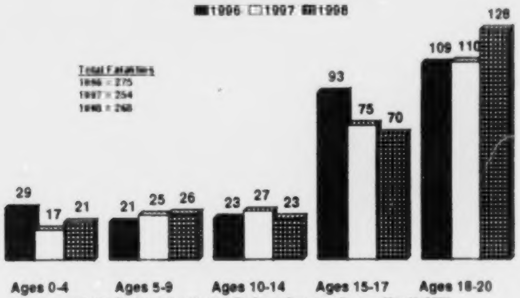
Teens 15-19



Source: Tennessee Department of Health

Number of Tennessee Auto Fatalities by Age Groups (0-20)

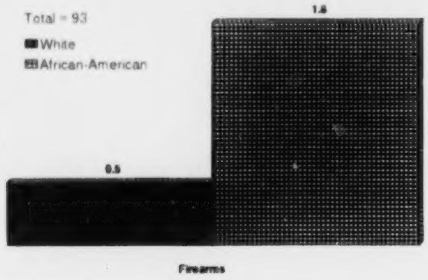
Multiple Years 1996-1998



Source: 1993-1997 TN Crash Fact Book & TN Crash Reporting System, May 15, 2000.

Teen Firearm Death Rate Per 10,000

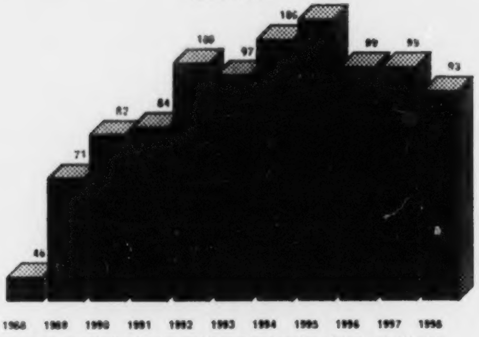
By Race, Ages 15-19 1998



Source: Tennessee Department of Health

Number of Teen Firearm Deaths, Ages 15-19

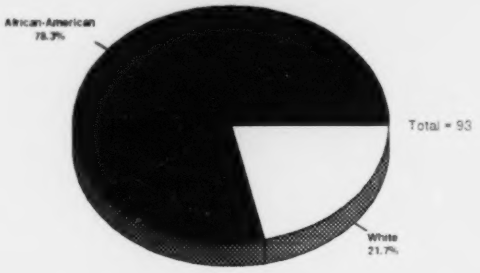
1988-1998



Source: Office of Health Statistics and Information,Tennessee Department of Health

Teen Firearms Deaths by Race, Teens 15-19

1998



Source: Tennessee Department of Health

Alcohol and Drug Abuse

Substance abuse is a concern for most parents, educators, law enforcement, and policy makers. Tennessee began participating in the national Youth Risk Behavior Survey (YRBS) in the early 1990s. In 1999, Tennessee began using weighted data to give a more accurate portrayal of how Tennessee teens compare to other states in teen substance use and abuse patterns. The YRBS combines questions about youth behavior, such as violence, sexual activity, nutrition, and safety. As a result, although it is the most consistent and comprehensive source of information that we have on a state level, the focus on substance-use patterns and reasons for use is limited.

The Youth Risk Behavior Survey is one component of the Youth Risk Behavior Surveillance System developed by the Centers for Disease Control and Prevention in collaboration with representatives from state and local departments of Education and Health, 19 other federal agencies, and national education and health organizations. Students complete a self-administered 87-item questionnaire. Survey procedures allow for anonymous and voluntary participation. Local parental permission procedures are followed before survey administration.

The Tennessee State Department of Education administers the survey during odd-numbered years. In 1999, 1,519 students in 37 high schools in Tennessee completed the survey. Due to high participation rates, the 1999 YRBS is weighted, meaning the results can be generalized to the entire high school student population in the state. *Note: Davidson County conducts its own survey, and is **NOT** included in the state-level data.

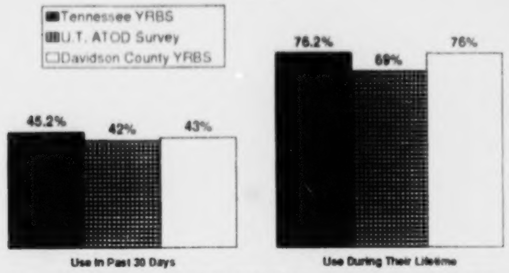
Because of the limited information available from the YRBS specific to substance use and abuse patterns, it is helpful to look at another study completed by the Department of Health and the University of Tennessee in 1995/1997, the Alcohol Tobacco and Other Drugs High School Survey (ATOD). The ATOD survey was a statewide study completed nearly three years ago that attempted to present a comprehensive look at the substance use and abuse patterns of Tennessee youth.

The statewide study was a two-wave study of teens in Tennessee in 1995 and again in 1997 indicating that 69 percent of the sample group (n = 102,232) reported using alcohol at some point in their lives. The drugs that followed behind alcohol were cigarettes, with 63 percent reporting use; any illegal drug, at 43 percent; and marijuana, at 38 percent over a lifetime.

The sample group was composed of ninth through 12th graders in 196 schools in 91 counties throughout the state. The survey was designed to fulfill the mandated requirements for statewide and regional needs assessment for Alcohol, Tobacco, and Other Drugs (ATOD) treatment among 13 to 19-year-olds. In addition, data were collected to identify behavioral risk factors and physical and mental health problems.

Comparison of State YRBS, Davidson County YRBS, and ATOD Study

Alcohol Use in the Past 30 days and During Their Lifetime, Grades 7 to 12



Source: YRBS Tennessee Department of Education 1999, YRBS Davidson County Department of Health and Davidson County schools 1999, ATOD Tennessee Department of Health and UT Community Health Research Group 1995/1997

The study was developed as a part of a family of studies to provide comprehensive and accurate scientific data on levels and patterns of ATOD use and abuse statewide and by region for use by state and local officials and communities,

Alcohol and Drug Abuse

organizations and agencies. The regional breakdown of participants indicated that 23 percent of the students were from the four metropolitan counties of Tennessee (as of 1995), while 77 percent were from non-metropolitan counties.

Of particular significance to parents in Tennessee is the wide-spread consistency of the data across the 12 regions of the state that were studied. The data suggest that rural teens are experiencing similar rates of ATOD use as teens in the larger urban areas. The issue of substance use and abuse is becoming a concern for every parent regardless of geographic location.

The progression of substance use to addiction can be translated into dollars spent for addiction treatment and costly offenses that result in incarceration. A recent National Council of Juvenile and Family Court Judges (NCJFCJ) newsletter reported that alcohol abuse and other substance abuse are contributing factors in 60 to 90 percent of all cases referred to juvenile and family courts.

As a result, the National Council is responding with a broad-based substance abuse program focusing on judicial policy and practice. The issues range from judicial leadership for community-based prevention, intervention, and treatment alternatives to perinatal issues affecting mothers and their infants. Judicial education and training for alcohol and other drug abuse responses are offered through curricula, publications, courses, workshops, and conferences nationwide.

What Works

The Substance Abuse Mental Health Services Administration (SAMHSA) announced the findings of seven science-based model programs that have demonstrated effective strategies for preventing substance use among young people who are at a high risk for alcohol, tobacco, and illicit drug use, and they are:

- **Across Ages.** This mentoring program pairs older adults with middle-school-age students. Results: Improved school attendance, increased knowledge about the consequences of substance abuse, and enhanced ability to respond appropriately to drug use situation and pressure.
- **Child Development Project.** This school improvement initiative helps elementary schools nurture students' desire to learn and work with others by integrating the roles of families and school staff. Results: 11 percent decrease in alcohol use, 2 percent decrease in marijuana use, increased enjoyment of school participation, and increased resilience to substance use.
- **Creating Lasting Connections.** This five-year demonstration project in Louisville, Ky., and six surrounding counties scientifically demonstrates that youth and families in high-risk environments can become strong, healthy, and supportive families resistant to substance use. Results: Increased bonding and communication between parents and children; greater use of community services for resolving family and personal matters.
- **Dare To Be You.** This multilevel program is an adaptation of the Dare To Be You

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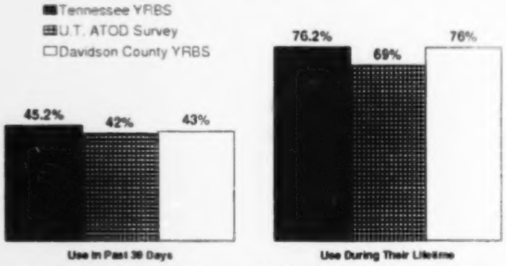


Source: YRBS Tennessee Department of Education 1999, YRBS Davidson County Department of Health and Davidson County Schools 1999, ATOD Tennessee Department of Health and UT Community Health Research Group 1996/1997.

Alcohol and Drug Abuse

community and school training programs that improve communication, problem-solving, self-esteem, and family bonding. Results: Dramatic improvements in parents' sense of competence, satisfaction with and positive attitude about being parents; substantial decreases in parents' use of harsh punishment; and significant increases in children's development levels.

- **Family Advocacy Network**. The Family Advocacy Network (FAN) Club Program directly involves parents and youth participating in Boys and Girls Clubs of America's SMART Moves program. The SMART Moves program reinforces substance abuse prevention skills and knowledge, with sessions on self-concept, coping with stress, and resisting media pressures. Results: Strengthens families and promotes family bonding; enhanced adolescents' ability to refuse alcohol, marijuana, and cigarettes; and increased their knowledge of and negative attitudes toward substance use.
- **Residential Student Assistance Program**. The Residential Student Assistance Program was originally adopted from a highly successful Westchester County, NY, Student Assistance Program, similar to the popular Employee Assistance Programs. This prevention effort reaches youth in juvenile detention facilities and other residential-based settings. Results: Alcohol use fell 72.2 percent, marijuana use fell 58.8 percent, and tobacco use fell 26.9 percent.
- **Smart Leaders**. This is a two-year, sequential booster program for youth who have completed Stay SMART, a component of Boys and Girls Clubs of America's SMART Moves Program. Results: decreased rates of alcohol, tobacco, marijuana, and illicit drug use and increased knowledge of the health consequences and prevalence of these substances (SAMHSA, 1999).

Prevention programs that impact youth at an early age appear to be the solution. However, the Tennessee ATOD survey suggests that current programs offered in Tennessee are not effective. Sixty-three percent of the students surveyed had seen films or had lectures or discussions related to ATOD education, 32 percent had taken special courses about ATOD in school, 27 percent had seen films or had lectures outside of their regular classes, and 28 percent had participated in discussions but had not had classes.

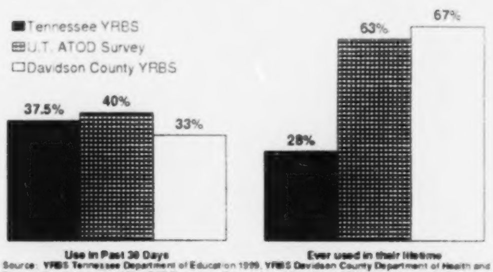
However, when assessing the drug education experience only 15 percent identified the experience as having been "of great value," for 23 percent it was "of considerable value," for more than a third it was of "some value," and for 26 percent it was of "little or no value."

In general almost half of the students reported that it did not change their interest in trying ATOD (44 percent); 4 percent of the students reported that the ATOD information made them more interested in trying ATOD, while 5 percent said they had had no educational courses.

Adopting nationally accepted programs that bridge community services and use collaborative efforts to impact teen substance abuse appears to be the answer to changing teen patterns of substance use.

Comparison of State YRBS, Davidson County YRBS, and ATOD Study

Cigarette Use, Grades 7 to 12



Source: YRBS Tennessee Department of Education 1999. YRBS Davidson County Department of Health and Davison County schools 1999. ATOD Tennessee Department of Health and UT Community Health Research Group 1995/1997. *Note: State wide figure for use in lifetime, data were broken out for cigarettes and may reflect the low percentage

School Nutrition

Everybody gets hungry sometime. Even for those children who do not have to cope with a chronic problem, occasional or "transient" hunger is a problem, according to dieticians. Adults learn to compensate for a temporary lack of food; children haven't developed this skill. Beginning in the early years of the 20th century, efforts were made to provide school children with nutritious lunches to keep them alert and fed. Balanced meals containing carbohydrates, protein, and fat combat hunger for several hours as the energy is released from each nutrient at a differing rate (Derelian, 1994).

Federal assistance began in the 1930s, and the National School Lunch Act was passed in 1946. The School Breakfast provision became permanent in 1975 (USDA, 2000). These programs have been successful in helping families, in addition to their children. The Second Harvest Food Bank in Nashville reports an increase in emergency food requests and use of its child feeding program during the summer time, which it attributes to the absence of the school nutrition programs when children are out of school.

What Works

- Minnesota found that its schools piloting universal breakfast had:
  - 40 to 50 percent reduction in referrals to the principal's office for discipline problems;
  - decreased visits to the nurse's office;
  - improvement in test scores; and
  - dramatic increases in participation (Energizing the Classroom).
- Teachers' support for the program appeared to grow over the duration of the pilot (Energizing the Classroom).
- Minnesota's initial expansion efforts targeted schools in which a third of the students are eligible for free or reduced price lunches.

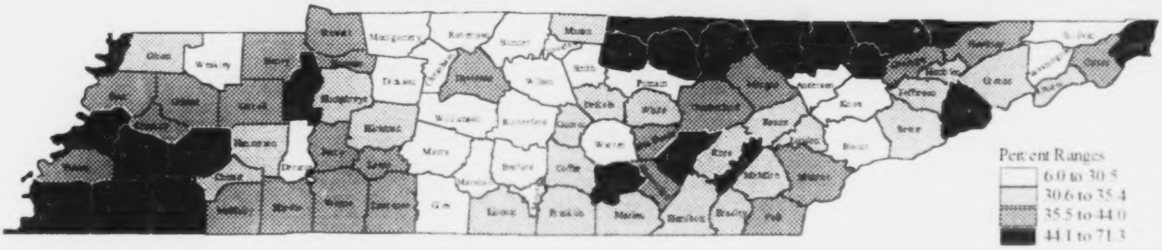
In 1998-99, Tennessee schools served 97,639,354 school lunches and 29,761,158 school breakfasts to an average of 545,728 and 165,686 students in 1,544 and 1,396 schools, respectively. About 41 percent of the state's students are eligible for free and reduced-price meals. With an estimated 10.9 percent of its households whose members are hungry or at risk of being hungry, Tennessee ranked 13th in the states for having the most food insecure households (Nord, 1999). A survey of 26 cities, including Nashville, found that requests for emergency food assistance increased by an average of 18 percent during 1999 (U.S. Conference on Mayors, 1999). Fifty-eight percent of those requesting help were families with children.

During the 1998-99 school year, 35 percent of all students (293,929) received free or reduced-price lunches. Ninety percent of the schools that provide lunch also provide breakfast, more than double the rate nationally. Seventeen percent of students (138,180) received free or reduced-price lunch. Nationally, 70,000 schools participated in the School Breakfast Program, serving more than 6.2 million breakfasts to low-income students.

Participation in the program has been used as a measure of the extent of poverty within a system. Eligibility for free or reduced-price meals is based on federal poverty guidelines. Families whose household incomes are at or below 185 percent of the poverty guideline for their household size are eligible for reduced-price lunches. To receive lunches free, families must have incomes at or below 130 percent of the poverty guideline. In 1999, families of four with incomes of $30,433 or less were eligible for reduced-price lunches. Four-member families with incomes at or below $21,385 were eligible for free lunches.

School Nutrition

Number and Percent of Students who Received Lunch Free or at Reduced Prices, 1998-99


Obion
Weakley
Montgomery
Robertson
Sumner
Smith
Wilson
Putnam
Dickson
Williamson
Rutherford
Maury
Bedford
Coffee
Warren
White
Anderson
Knox
Sevier
Blount
Greene
Giles
Franklin
Marion
Bradley
Polk
McMinn
Percent Ranges
6.0 to 30.5
30.6 to 35.4
35.5 to 44.0
44.1 to 71.3

County	Lunch	
	Number**	Percent***
Anderson*	3,407	26.1
Bedford	1,672	29.7
Benton	1,138	47.4
Bledsoe	798	47.7
Blount*	3,879	25.8
Bradley*	3,642	33.5
Campbell	3,263	52.9
Cannon	625	32.4
Carroll*	1,957	39.1
Carter*	3,527	43.6
Cheatham	1,227	19.0
Chester	764	32.3
Claiborne	2,487	55.5
Clay	664	55.9
Cocke*	2,893	62.5
Coffee*	2,551	31.0
Crockett*	1,043	41.0
Cumberland	2,536	40.0
Davidson	24,469	38.0
Decatur	662	30.3
DeKalb	822	33.1
Dickson	2,067	27.9
Dyer*	2,433	39.1
Fayette	2,774	71.3
Fentress	1,347	66.2
Franklin	1,766	32.3
Gibson*	2,997	36.5
Giles	1,282	28.4
Grainger	1,367	41.4
Greene*	2,967	33.0
Grundy	977	63.4
Hamblen	2,829	34.0
Hamilton	12,695	32.3
Hancock	673	61.6
Hardeman	2,736	61.6
Hardin	1,517	40.9
Hawkins*	2,696	37.8
Haywood	2,656	71.3
Henderson*	1,153	31.8
Henry*	1,897	38.4
Hickman	1,122	33.3
Houston	497	37.5
Humphreys	1,024	35.0
Jackson	808	53.2
Jefferson	1,978	32.6
Johnson	1,238	54.5
Knox	11,702	24.0
Lake	525	62.1
Lauderdale	2,618	59.6
Lawrence	2,426	37.0
Lewis	650	35.7
Lincoln*	1,535	30.8
Loudon*	2,028	32.5
Macon	1,070	32.1
Madison*	5,816	44.1
Marion	1,450	32.8
Marshall	1,084	24.1
Maury	3,147	28.5
McMinn*	2,419	32.7
McNairy	1,466	38.0
Meigs	770	47.2
Monroe*	2,472	41.8
Montgomery	5,424	26.9
Moore	219	23.8
Morgan	1,373	43.4
Obion*	1,808	34.2
Overton	1,310	45.4
Perry	457	41.6
Pickett	329	45.4
Polk	832	37.5
Putnam	2,606	29.0
Rhea*	1,537	35.1
Roane*	2,442	35.4
Robertson	2,118	23.3
Rutherford*	5,649	20.5
Scott*	2,309	59.9
Sequatchie	727	44.0
Sevier	3,499	31.7
Shelby*	66,949	47.9
Smith	906	30.2
Stewart	692	35.9
Sullivan*	6,599	30.1
Sumner	3,766	18.5
Tipton*	3,695	36.4
Trousdale	344	29.3
Unicoi	775	33.0
Union	1,310	45.9
Van Buren	289	37.3
Warren	1,819	30.5
Washington*	3,899	27.8
Wayne	1,108	43.5
Weakley	1,418	29.3
White	1,292	35.4
Williamson*	1,259	6.0
Wilson*	1,970	14.3
Tennessee******	293,929	35.4

Source: Tennessee Department of Education. Note *County has more than one school system

**Based on the annual cumulative number of program lunches divided by the average number of school days

***Based on the annual cumulative number of program lunches divided by the average number of school days

****Figure is the summation of six state institutions and county data

School Nutrition

Schools are reimbursed by the U.S. Department of Agriculture for costs related to the meals. During 1999, Tennessee school systems with less than 60 percent participation in the free and reduced-price lunch program were reimbursed $0.18 for each paid lunch, $1.54 for each reduced-price lunch, and $1.94 for each free lunch. In Tennessee, the average cost per meal was $2.07.

Research has found a link between hunger and problems at school. The Community Childhood Hunger Identification Project found that twice as many low-income hungry or at risk children had taken special education classes. One-fifth of the hungry category of low-income children had counseling, compared to 5 percent of the non-hungry group. A fourth of the hungry group, more than twice as many as in the non-hungry group, had repeated a grade. In addition, other studies found hungry children were more likely to be depressed and/or anxious, function poorly overall, have poorer grades, be absent longer, and be less attentive in class (Symposium, 1999).

Studies of the relationship between breakfast and improved learning and school behavior have found improvement in attendance, in math functioning, and in language fluency in undernourished children who received breakfast at school. Interestingly, the United States, which lags in mathematics scores among developed countries, has the highest percent of its population below the poverty line (U.N. Human Development Report 2000).

Although the number of children served in the School Breakfast program has doubled over the past 10 years, in Tennessee only 30 percent of those participating in the School Lunch Program also eat breakfast. Results of the U.S. Department of Agriculture's Universal School Breakfast Pilot Program may be used to expand School Breakfast participation. The program, based on the successful Minnesota program, will try to increase participation in the program by removing its stigma as a program for poor children and by integrating it into the school day.

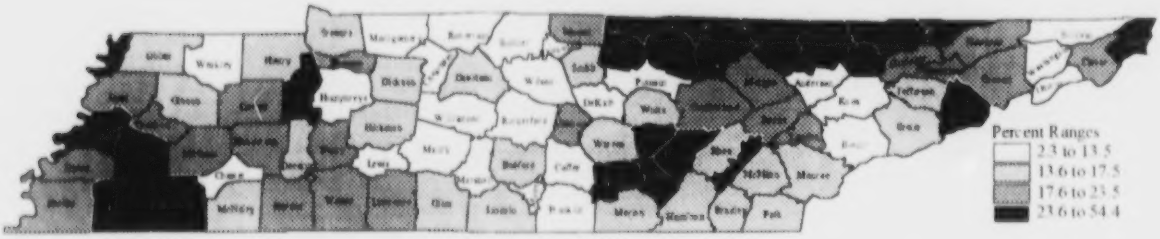
Fourteen school systems that provide after-school care also receive reimbursement for providing afternoon snacks. USDA's Food and Nutrition Consumer Service funds three other programs that feed children: the Summer Food Program, to provide food to low income children when school is out; the Women, Infants and Children (WIC) program to help low-income people who are nutritionally at risk purchase healthy food; and the Child and Adult Care Food Program to assist child care homes and centers provide nutrition to low-income children.

USDA Requirements for School Meals

- Schools must provide nutrition and well-balanced meals to all children.
- School lunches must provide ⅓ of the Recommended Dietary Allowances (RDAs) for protein, calcium, iron, vitamin A and vitamin C in the appropriate levels for ages and grades served.
- School breakfasts must provide ¼ of the RDAs.
- Schools are given options of basing meal planning on traditional menus, nutrient levels, or optional meal planning.

School Nutrition

Number of Students Who Received Breakfast Free or at Reduced Prices



County	Breakfast	
	Number**	Percent***
Anderson*	1,709	13.1
Bedford	775	13.8
Benton	619	25.8
Bledsoe	522	31.2
Blount*	1,687	11.2
Bradley*	1,778	16.4
Campbell	1,800	29.2
Cannon	343	17.8
Carroll*	1,051	21.0
Carter*	1,901	23.5
Cheatham	646	10.0
Chester	318	13.5
Claiborne	1,552	34.7
Clay	355	29.8
Cocke*	1,729	37.3
Coffee*	1,104	13.4
Crockett*	563	22.1
Cumberland	1,442	22.7
Davidson	11,284	17.5
Decatur	314	14.4
DeKalb	327	13.2
Dickson	1,129	15.3
Dyer*	1,210	19.4
Fayette	2,104	54.1
Fentress	728	35.8
Franklin	599	11.0
Gibson*	1,289	15.7
Giles	757	16.8
Grainger	750	22.7
Greene*	1,679	18.7
Grundy	657	42.6
Hamblen	1,592	19.1
Hamilton	5,954	15.1

County	Breakfast	
	Number**	Percent***
Hancock	350	32.1
Hardeman	1,731	39.0
Hardin	867	23.4
Hawkins*	1,426	20.0
Haywood	2,027	54.4
Henderson*	655	18.1
Henry*	861	17.4
Hickman	553	16.4
Houston	260	19.6
Humphreys	366	12.5
Jackson	611	40.2
Jefferson	913	15.0
Johnson	585	25.8
Knox	5,689	11.7
Lake	264	31.2
Lauderdale	1,651	37.6
Lawrence	1,191	18.2
Lewis	240	13.2
Lincoln*	769	15.4
Loudon*	1,232	19.7
Macon	660	19.8
Madison*	2,734	20.7
Marion	738	16.7
Marshall	277	6.2
Maury	1,151	10.4
McMinn*	1,255	17.0
McNairy	675	17.5
Meigs	466	28.6
Monroe*	843	14.2
Montgomery	2,091	10.4
Moore	93	10.1
Morgan	683	21.6
Obion*	778	14.7

County	Breakfast	
	Number**	Percent***
Overton	828	28.7
Perry	194	17.6
Pickett	207	28.6
Polk	371	16.7
Putnam	1,217	13.5
Rhea*	647	14.8
Roane*	1,516	22.0
Robertson	1,020	11.2
Rutherford*	2,513	9.1
Scott*	1,138	29.5
Sequatchie	413	25.0
Sevier	1,881	17.1
Shelby*	24,958	17.9
Smith	478	15.9
Stewart	323	16.8
Sullivan*	2,833	12.9
Sumner	1,661	8.2
Tipton*	1,872	18.5
Trousdale	79	6.7
Unicoi	280	11.9
Union	854	29.9
Van Buren	204	26.3
Warren	957	16.1
Washington*	1,620	11.5
Wayne	470	18.4
Weakley	495	10.2
White	539	14.8
Williamson*	491	2.3
Wilson*	873	6.3

Tennessee***	138,180	16.6

Source: Tennessee Department of Education Note: *County has more than one school system

**Based on the annual cumulative number of program breakfasts divided by the average number of school days

***Based on the annual cumulative number of program breakfasts divided by the average number of school days

****Figure is the summation of six state institutions and county data

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Sexually Transmitted Disease

Between the years of 1995 and 1999 Tennessee experienced a 19.8 percent decrease in sexually transmitted diseases (STDs) for teens ages 15 to 17, and an 8.6 percent decrease in STDs in the general population. This is good news for Tennessee teens, compared to the years of 1994 and 1995 when STDs for teens ages 15 to 17 increased by 68.8 percent

The discouraging news is the apparent disparity between the proportion of sexually transmitted disease cases for females and males and African-American and white teens. African-American teens were eight times more likely to experience a sexually transmitted disease than white teens, and females contracted STDs four times more often than males in the 15 to 17 age group.

One explanation for the high ratio of STDs in females compared to males is the prevalence of Chlamydia trachomatis infections and increased screening efforts. Screening efforts have focused on females in the 15 to 19 age group due to the high risk for pelvic inflamatory disease, tubal pregnancies, and infertility. According to the STD Surveillance report, 1998, trends in females are determined more by screening practices. Females tend to be asymptomatic with many STDs. As a result, health officials have stepped up efforts to screen for the disease during physical exams. National figures for 1998 indicate that females are five times more likely to contract chlamydia than males in the 15 to 19 age group.

What Works

- Implementation of education programs to educate young people in the area of STD's and long range health implications.
- School Health education efforts that reach youth before they reach the years of sexual activity.
- Monitoring the STD rates in a community and setting goals and objectives for reduction of rates.
- Creating an environment to educate adults and increase awareness of the extent of risk behaviors among young people.
- Promotion of state level changes that support health education and coordinated school health programs.

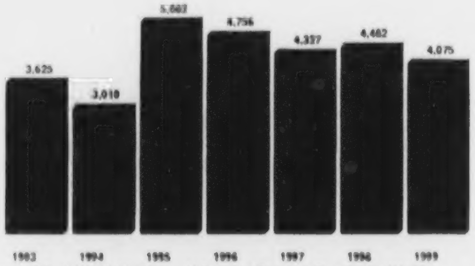
Compared to older adults, adolescents (10 to 19 years old) and young adults (20 to 24 years old) are at higher risk for acquiring STDs. They may be more likely to have multiple (sequential or concurrent) sexual partners rather than a single longer-term relationship, they may be more likely to engage in unprotected intercourse, and they may select partners at higher risk (CDC, 1998).

Sexually transmitted diseases are among the most common infectious diseases in the United States today. More than 20 STDs have now been identified, affecting more that 13 million men and women with a conservative cost estimate in excess of $8.4 billion per year.

Nearly two thirds of all STDs occur in people younger than 25 years of age. Health problems

Sexually Transmitted Diseases Total Number of Cases for Teens 15-17

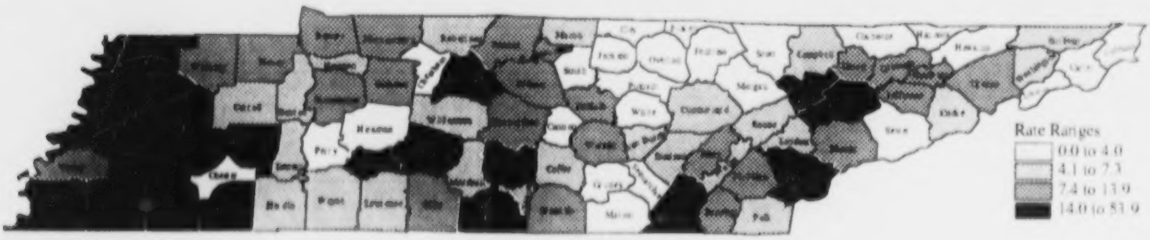
1993-1999



Source: Office of Health Statistics and Information, Tennessee Department of Health

Sexually Transmitted Disease

Number and Rate of Sexually Transmitted Disease Cases
Ages 15 to 17, 1999



County	Recipients	
	Number	Rate*
Anderson	46	15.9
Bedford	22	15.9
Benton	4	6.6
Bledsoe	3	6.5
Blount	29	7.6
Bradley	34	10.4
Campbell	10	6.4
Cannon	2	4.0
Carroll	5	4.1
Carter	4	2.0
Cheatham	3	2.2
Chester	1	1.3
Claiborne	2	1.5
Clay	1	3.5
Cocke	8	6.4
Coffee	12	6.2
Crockett	9	15.5
Cumberland	8	5.2
Davidson	531	25.0
Decatur	2	5.0
DeKalb	8	13.5
Dickson	15	8.7
Dyer	32	21.2
Fayette	40	28.3
Fentress	1	1.5
Franklin	17	10.3
Gibson	37	19.3
Giles	11	8.5
Grainger	7	9.0
Greene	18	8.1
Grundy	1	1.7
Hamblen	20	9.5
Hamilton	267	22.7

County	Recipients	
	Number	Rate*
Hancock	1	3.4
Hardeman	59	53.9
Hardin	4	4.1
Hawkins	7	3.8
Haywood	41	43.7
Henderson	15	15.9
Henry	13	11.3
Hickman	1	1.3
Houston	2	6.8
Humphreys	9	13.9
Jackson	0	0.0
Jefferson	14	7.9
Johnson	1	1.7
Knox	295	19.1
Lake	12	50.8
Lauderdale	32	29.4
Lawrence	10	5.8
Lewis	6	14.5
Lincoln	19	14.9
Loudon	10	6.9
Macon	3	4.2
Madison	110	28.9
Marion	4	3.5
Marshall	8	7.3
Maury	54	18.9
McMinn	25	13.4
McNairy	15	16.4
Meigs	2	5.5
Monroe	25	17.6
Montgomery	71	13.3
Moore	1	4.6
Morgan	1	1.3
Obion	21	16.0

County	Recipients	
	Number	Rate*
Overton	3	4.0
Perry	1	3.5
Pickett	0	0.0
Polk	3	6.0
Putnam	9	3.1
Rhea	9	7.6
Roane	8	4.1
Robertson	11	5.2
Rutherford	90	11.5
Scott	1	1.1
Sequatchie	0	0.0
Sevier	7	2.9
Shelby	1,574	39.4
Smith	1	1.5
Stewart	4	9.0
Sullivan	32	5.8
Sumner	50	9.2
Tipton	31	13.9
Trousdale	3	11.1
Unicoi	1	1.6
Union	7	10.3
Van Buren	1	5.0
Warren	17	11.3
Washington	19	4.8
Wayne	5	7.3
Weakley	16	8.9
White	0	0.0
Williamson	23	4.5
Wilson	48	13.6

Tennessee	4,075	18.0

Source: Office of Health Statistics and Information, Tennessee Department of Health

Note: *Figures represent rate per 1,000 based on 1999 population estimates ages 15-17.

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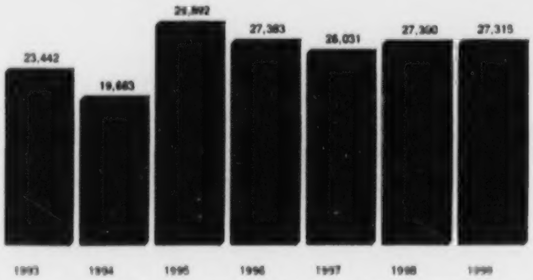
Sexually Transmitted Disease

caused by STDs tend to be more severe and more frequent for women than for men due to females being asymptomatic, allowing the disease to progress before treatment is sought. Females are at greater risk of developing STDs than males because of anatomical differences, making many of these diseases more easily transmissible. Young females have a higher risk of cervical infections because the cervix has not completely matured (CDC, 1999).

Sexually Transmitted Diseases
Total Number of Cases 1993-1999



Source: Office of Health Statistics and Information, Tennessee Department of Health

Female teens are confronted with many problems regarding their sexuality adult women do not face, such as lack of experience in negotiating with their partners about contraceptive use, fear of disclosure, lack of access to a source of appropriate care, and contradictory messages about contraception and responsible behavior.

When properly diagnosed and treated early, almost all STDs can be treated effectively. Some organisms, such as certain forms of gonococci, have become resistant to the drugs used to treat them and now require newer types of antibiotics. The most serious STD for which no cure now exists is Acquired Immune Deficiency Syndrome (AIDS), a fatal viral infection of the immune system. Experts believe that having STDs other than AIDS increases one's risk for becoming infected with the AIDS virus (CDC, 1999).

A recent report from the Center for Disease Control and Prevention (CDC) included Nashville as one of 15 cities named nationally where both syphilis and gonorrhea infections are still widespread. The AIDS epidemic has made the battle against STDs, and syphilis in particular, a priority. The open sores of a syphilis infection can increase the spread of the HIV virus, which increases the risk of AIDS cases and resulting deaths.

In Tennessee the percentage of deaths related to HIV infection has declined by 67.9 percent from 1995 to 1998. The trend in declining STD rates and AIDS deaths represents a change in teen attitudes and responsibility, possibly attributable to better education and to programs supporting awareness.

In Tennessee, between the years of 1988 to 1998, 28 deaths resulted from AIDS in children ages 0 to 12, and 9 deaths in teen's ages 13 to 19. Adult deaths attributable to AIDS during the same period were 69 deaths in the 20 to 24 age group, 2,545 deaths in the 25 to 44 age group, and 661 in the over-45 age group. From 1997 to 1998, the total number of AIDS-related deaths represents a 21.3 percent decrease going from 286 in 1997 to 225 in 1998.

These numbers become important when considering the long incubation period of the HIV virus and when teens become sexually active. The life span of a teen infected with the HIV virus could extend into the 25- to 44-year-old age group, explaining the high number of deaths. In this context, it becomes important for all families and communities to have prevention programs available to assist in educating teens about the risk of HIV infection.

Healthy Minds

KIDS COUNT

2000

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Mental Health

Current mental health statistics for Tennessee are available for specific groups of high risk children; however, accurate numbers to reflect the general population are unavailable. Broad-scale representation of mental health needs for children could assist in planning community-based mental health interventions, the highly preferred method of reaching children who are at high risk.

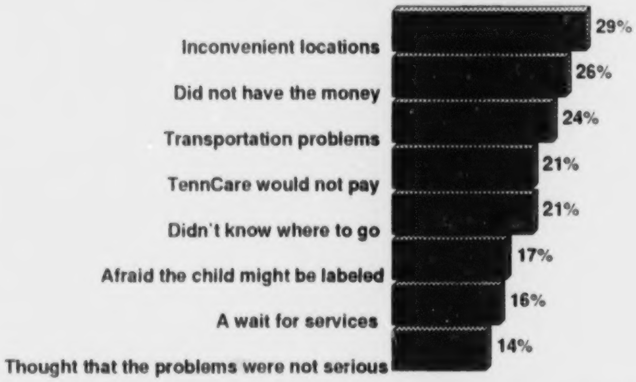
Current determinants of mental health needs for children can be seen by using TennCare (managed Medicaid) managed care data and independent studies. Although the data does not represent the general population, it is representative of our most needy children and is the best data available.

A recent study (IMPACT Study) conducted by Vanderbilt University's Center for Mental Health Policy and funded through a research grant from the Substance Abuse and Mental Health Services Administration (SAMHSA) illustrates several significant findings regarding the complexity of Tennessee's child mental health needs

Some highlights of the data on those children who accessed mental health services through a public health service or TennCare and received a mental health diagnosis:

- One quarter, or 26 percent of the total TennCare population ages 4 to 17, met the criteria for Seriously Emotionally Disturbed (SED).
- 73 percent, or almost three out of four of the SED group, fell into the high mental health use group.
- 81 percent of the youth with SED reported using alcohol or drugs in their lifetime.
- 39 percent reported using alcohol and drugs within the past six months.
- In the SED group, nearly half, 45 percent, had used at least one service in the past six months.
- Of the children who had received inpatient treatment, 81 percent had also been seen at a community mental health center within the past six months.
- 55 percent of the children with SED received no behavioral health services.
- More than one in five, 22 percent, of the TennCare children were reportedly prescribed medication for emotional or behavioral problems.
- 47 percent of the children and adolescents with SED were rated in excellent or very good health vs. the overall TennCare group at 63 percent.
- 19 percent were in fair/

IMPACT Study
Barriers to Appropriate Services
SED and TennCare Population



Source: Vanderbilt University, Center for Mental Health Policy. Note: Questions asked of participants allowed multiple responses.

poor health vs. the national 3 percent.

How Many Children and Adolescents with SED Had Other Health Problems?

50 Percent also had a chronic health problem; of those with a problem:

- 33 - percent had asthma;
- 23 - percent had speech and language disorders;
- 11 - percent had seizure disorders.

Children with SED had significantly more health problems than those without SED

Source: Vanderbilt University, Center for Mental Health Policy

The IMPACT Study is part of a national study involving 21 states through a collaborative effort to assess the effects of managed care. Managed care outcomes for substance abuse and mental health clients in the TennCare/Medicaid population are compared using cost, clinical outcomes, and consumer input. Seven departments of Tennessee government collaborated in the effort to collect data related to children's mental health and substance abuse needs.

Nationally, the mental health needs for youth in the juvenile justice system have received more attention at the federal level in the past two years than in the past three decades combined (OJJDP, 2000). Efforts to increase the statistical information available on youth with SED who are in the juvenile justice system is a result of two major trends:

1. Growing recognition of the mental health needs of youth in general. Recent estimates place the rate of serious emotional disturbance among youth in the general population at 9 to 13 percent, much higher than the 0.5 to 5 percent used by policy makers.
2. Increasing reliance on the justice system to care for individuals with mental illness when health care systems fail to respond (OJJDP, 2000).

Similarly, research on poverty and single parent families indicates an increased number of children who require mental health services are living in these circumstances (Pediatrics, 2000). Single parent families and welfare reform have been identified as contributing factors in families remaining on or below the poverty level. Stressors associated with poverty and single parent families are considered contributors to increased numbers of children diagnosed with depressive disorders and hyperactivity. Community health service strategies aimed at early intervention and provision of family support are noted as effective interventions for assisting SED children and their families.

Statistics indicate that 24,143 students or 2.7 percent of the state's 892,270 special education students are eligible for special education services because of serious emotional disturbance.

Education

The Education Improvement Act calls for class sizes to be reduced by the 2001-02 school year. In 1998-99, 62 percent of public schools had already achieved the lower class sizes, and only 1.5 percent of classes required waivers for exceeding class-size limits. However, the number of waivers requested to allow professionals to teach subjects for which they were not trained rose 61 percent to 681 in 1998-99 from 424 in 1997-98.

In contrast, the number of people teaching without a license decreased 1 percent to 691 in 1998-99 from 701 in 1997-98 but has more than doubled from 327 in 1994-95. Average class-size goals are 20 students per teacher for kindergarten to grade four; 25, for grades four to six; and 30, for secondary schools. Nationally, 65 percent of public school teachers said they were satisfied with their class sizes (Digest of Educational Statistics, 1999).

What Works

- Improve the climate of the school; deal with discipline problems so that children can be focused and free while they learn;
- Make meeting the needs of the children paramount in all decisions and respect the students;
- Work with the community and the parents to get their support and participation; show respect for the parents;
- Support collaboration among teachers themselves and with other staff;
- Focus on instruction, channel resources toward teaching improvements.

Although its allocation of resources received a C+ from Education Week, which released a rating of state education efforts in its January 2000 report card, Tennessee received a C- for adequacy of resources. During the 1990s Tennessee's expenditures per student increased much faster than did national spending, increasing to $4,391 in 1997-98 from $2,972 in 1991-92, but still lag behind. Nationally, in the 1996-97 school year, public schools spent $7,299 per pupil, up from $6,983 (in 1998 constant dollars), according to the U.S. Department of Education (The Condition of Education, 1999).

According to the state report, spending for regular instruction increased nearly 49 percent; for special education, 53 percent; and for vocational education, 23 percent. In addition, local expenditures made up an average of 41.8 percent of public funding for school expenditures statewide. Increases in funding have been matched with an increased pressure for schools to show progress.

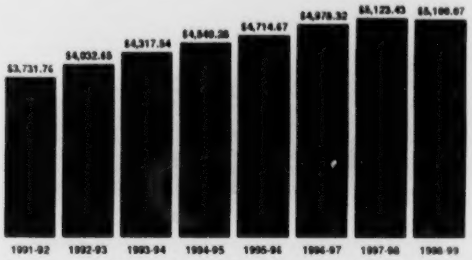
Performance Testing

Tennessee's testing program is considered one of the most extensive in the country, according to Education Week (1999). Tennessee high school seniors are required to take an exit exam, choosing from the standardized ACT, SAT, or Work Keys tests before graduating. The ACT and SAT are college placement tests. Work Keys measures workplace skills. The average ACT score for Tennessee in 1999 was 20 compared to the national score of 21. Only 52 percent of the high school graduates who took the ACT test had taken college preparatory courses. Only 13 percent of Tennessee's college-bound high school students took the SAT and outscored the national average by 55 points on the verbal and 42 points on the mathematics section. An estimated 24 percent of the students graduating in 1999 took the Work Keys test.

Education

Students' educational progress is monitored through a number of other tests. The Tennessee Comprehensive Assessment Program (TCAP) test evaluates students in grades three through eight in reading, language, mathematics, science, and social studies. The Tennessee Writing Assessment is made of students in the fourth, seventh, eighth, and 11th grades.

Tennessee Total Expenditures Per Pupil Average Daily Attendence
1991-92 to 1998-99



Source: Tennessee Annual Statistical Report, Tennessee Department of Education

Although Education Week graded Tennessee low on its accountability standards, the state is an innovator in an effort to use student performance to grade teachers, schools, and systems. The program, the Tennessee Value Added Assessment System, attempts to monitor teacher, school, and system effects on student performance by comparing the student's current TCAP scores to his or her earlier scores. The amount of change between the scores is measured against expected levels of increase to see if the child is learning at the anticipated rate. The state's three-year average gains for the period ending with 1999 were above the national norms in language, social studies, and science.

In the 2001-02 school year, the state will begin a testing program for high school students. The tests will be phased in over the next two years as the class of 2005 progresses toward graduation. In addition to the writing test already required of juniors, the 10 subjects to be tested are math courses, science, chemistry, two English courses, and U.S. history.

The federal government also assesses educational performance through the National Assessment of Educational Progress, a Congressionally mandated program. This assessment found that both the state's fourth and eighth graders' 1998 reading scores were not significantly different from the national average. The attendance rate for elementary schools was 95 percent in 1998-99, and for grades 7 to 12, 93 percent.

The legislature mandated that the Comptroller's Office of Educational Accountability assess the state's efforts to improve reading programs. The resulting report recommended that the state make reading a priority and fully fund the State Board of Education's Early Childhood Education Plan.

Nationally, mathematics performance improved between 1973-1996, but the United States lags many other nations, especially as education improves in other countries (Education and the Economy, 1999). Increases in educational attainment were responsible for an estimated 11 to 20 percent of growth in worker productivity in the United States in recent decades (Education and the Economy, 1999).

Public Education in Tennessee

Number of Local School Systems	137
Number of Schools	1,589
Number of Students	892,270
Professional Personnel	63,264
Students: White	73.6%
African-American	23.9%
Other	2.4%
Percent in Special Education	16.3%
Title I Compensatory Education	25.1%
Limited English Proficiency	1%, 9,191

Source: Tennessee Department of Education

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Special Education

What Works

Focus groups of Tennessee teachers reported the components of successful inclusion programs: support from administrators, teachers and parents; adequate funding; and adequate teacher training, including visiting successful programs.

Since 1975 federal law has mandated that disabled students receive appropriate services. These services made it possible for 55 percent of U.S. special education students who left secondary school to be competitively employed three years later in 1990 and nearly 28 percent of them to live independently (Digest of Education Statistics, 1999). However, their average annual earnings were only $5,524 in 1990, and the failure to identify and train children with physical and learning problems can create long-term problems for the nation. According to a national report, 40 percent of adjudicated juvenile delinquents have treatable learning disabilities not addressed by the schools (Teaching Kids to Read, 2000). In Tennessee 22 percent of the children adjudicated delinquent whose cases were reviewed during the Children's Program Outcome Review Team project in 1998 had a diagnosed learning disability, down from 27 percent in 1997 (C-PORT, 1998, 1999).

Twelve percent of Tennessee's students (116,042) received special education services, as defined by the federal government, from Tennessee's schools during school year 1998-99. This was slightly less than the national figure, 12.8 percent for 1998, up from 11 percent of all students in 1990. The 60 percent increase from 1977 (Digest of Educational Statistics, 1999) was in part attributed to a 242 percent increase in the number of children with learning disabilities.

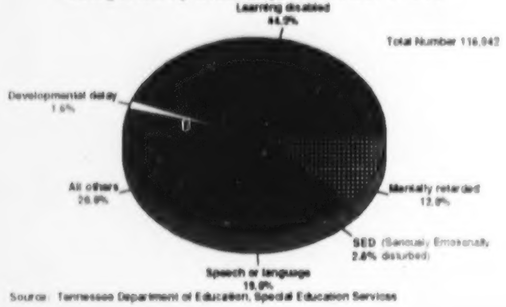
While the average per-pupil expenditures for instruction in 1998-99 have increased by nearly 59 percent from 1991-92, per pupil special education expenditures increased by 64 percent, according to the Tennessee Department of Education.

Federal legislation requires disabled students to be educated in the least restrictive environment possible. Nationally, since 1985, the trend has been to move students with disabilities into regular classrooms or into rooms within regular schools. In 1996, 74 percent of U.S. special education students were served in classrooms with other students, although 40 percent of these students received services in resource rooms.

Children from poor families receive special education services at nearly twice the rate of those who are not poor, according to statistics published by the U.S. Department of Education (DOE).

Percentage of Children and Youth Receiving Special Education

Categories by Disability, December 1,1999



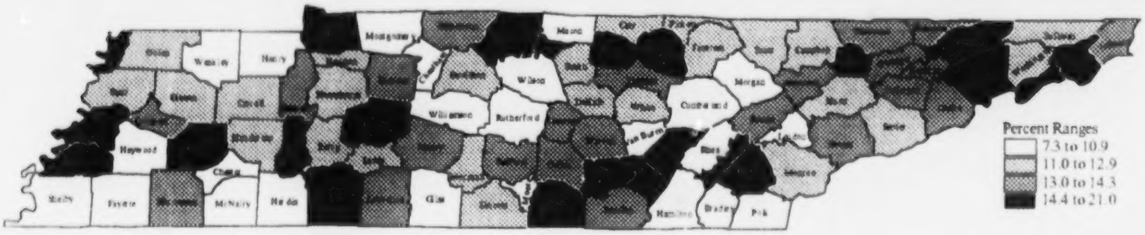
Source: Tennessee Department of Education, Special Education Services

The poverty rate for people unable to work because of disability (30.2 percent) is nine times that of full-time workers without disabilities (3.3 percent). The rate of participation in the workforce by people with disabilities increased during the 1980s but has leveled off since 1990, according to DOE statistics.

Data reported in the *2000 KIDS COUNT: State of the Child* differs from the 1999 publication because earlier reports used Tennessee's definition of special education services, which was more inclusive than the federal definition.

Special Education

Number and Percent of Students Receiving Special Education, December 1999


Percent Ranges
7.3 to 10.9
11.0 to 12.9
13.0 to 14.3
14.4 to 21.0
Obion
Weakley
Henry
Montgomery
Macon
Clay
Fentress
Scott
Campbell
Sullivan
Washington
Wilson
Williamson
Rutherford
Cumberland
Morgan
Haywood
Shelby
Fayette
McNairy
Hardin
Chester
Giles
Van Buren
Rhea
Hamilton
Bradley
Polk
Sevier

County	Special Education Number*	Special Education Percent**
Anderson*	1,743	13.2
Bedford	871	13.7
Benton	385	13.9
Bledsoe	297	15.2
Blount*	2,313	13.7
Bradley*	1,572	10.9
Campbell	830	11.9
Cannon	284	13.1
Carroll*	678	12.3
Carter*	1,328	15.1
Cheatham	665	9.2
Chester	192	7.3
Claiborne	691	13.3
Clay	160	12.8
Cocke*	755	13.3
Coffee*	1,298	14.1
Crockett*	376	13.3
Cumberland	744	9.9
Davidson	9,179	11.4
Decatur	320	16.7
DeKalb	343	12.5
Dickson	1,148	13.7
Dyer*	886	12.4
Fayette	427	10.0
Fentress	286	11.8
Franklin	922	14.5
Gibson*	1,114	12.2
Giles	537	10.6
Grainger	456	13.9
Greene*	1,593	16.3
Grundy	511	21.0
Hamblen	1,340	13.8
Hamilton	4,818	10.2

County	Special Education Number*	Special Education Percent**
Hancock	168	14.3
Hardeman	714	14.3
Hardin	465	10.9
Hawkins*	1,382	17.4
Haywood	406	10.3
Henderson*	566	12.9
Henry*	570	10.9
Hickman	563	15.1
Houston	171	11.8
Humphreys	357	11.1
Jackson	259	15.0
Jefferson	941	13.9
Johnson	355	14.0
Knox	6,359	11.2
Lake	174	16.5
Lauderdale	775	15.1
Lawrence	956	13.0
Lewis	241	12.0
Lincoln*	634	11.1
Loudon*	626	9.1
Macon	398	10.7
Madison*	2,547	17.6
Marion	615	13.5
Marshall	631	12.5
Maury	1,621	13.6
McMinn*	1,295	15.1
McNairy	420	9.7
Meigs	321	17.5
Monroe*	767	11.5
Montgomery	2,321	7.7
Moore	112	10.2
Morgan	401	10.8
Obion*	643	11.0

County	Special Education Number*	Special Education Percent**
Overton	512	16.2
Perry	158	12.3
Pickett	100	12.9
Polk	263	10.3
Putnam	1,330	13.1
Rhea*	453	8.8
Roane*	1,003	13.0
Robertson	1,458	14.0
Rutherford*	3,403	10.5
Scott*	480	11.4
Sequatchie	308	16.4
Sevier	1,481	11.7
Shelby*	17,335	10.2
Smith	418	12.9
Stewart	319	14.4
Sullivan*	3,154	12.7
Sumner	3,166	14.5
Tipton*	1,729	15.6
Trousdale	195	15.2
Unicoi	433	16.5
Union	607	19.9
Van Buren	70	8.0
Warren	916	13.8
Washington*	1,837	11.2
Wayne	423	14.8
Weakley	549	10.1
White	526	12.8
Williamson*	2,475	10.5
Wilson*	1,631	10.5
Tennessee***	116,042	12.0

Source: Tennessee Department of Education.

Note *County has more than one school system; ** Percent is based on net enrollment ***Includes number from state-owned facilities. Number does not include gifted or functionally delayed students.

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School Dropout

Dropping out of high school is a poor way to prepare for life and may begin a multigenerational cycle of failure. However, better early school experiences may prevent school dropout.

School dropouts earn less money and are more likely to be unemployed. More education is also associated with better health habits (fewer risky behaviors) and even longer life. Nearly 74 percent of all inmates in the Tennessee correctional facilities about whom information was available failed to finish high school (Tennessee Department of Correction, 2000). Nationally 80 percent of prison inmates are high school dropouts (School Completion Rates, 1996).

The median earnings of those who drop out of school are significantly affected. In 1997, males ages 25 to 34 who had not finished high school earned 29 percent less than graduates, and female dropouts, 37 percent less. The dropouts were also three times as likely as high school graduates to receive welfare or public assistance (The Condition of Education, 1999). Female dropouts are also more likely to have children earlier and to become single parents. In October 1997, only 45 percent of all recent high school dropouts age 16 to 24 were employed (The Condition of Education, 1999) compared to 67 percent of recent high school graduates.

The 1998-99 Tennessee's one-year school dropout rate for grades 9 through 12 was 4.2 percent, down from 4.5 percent in 1996-97, according to the 1999 Education Report Card released by the Tennessee Department of Education. The four-year cohort rate, the percentage of students who completed the eighth grade but dropped out before graduating, was 14.8 percent, down from 1996-97's 15.2 percent. Nationally, 4.6 percent of students in grades 10 through 12 in October 1996 were not in school and had not graduated by the following October, according to the U.S. Department of Education (The Condition of Education, 1999). Although the national percent of people age 16 to 24 who had graduated or were enrolled in school dropped steadily from 1967, in October 1998, it was 86 percent.

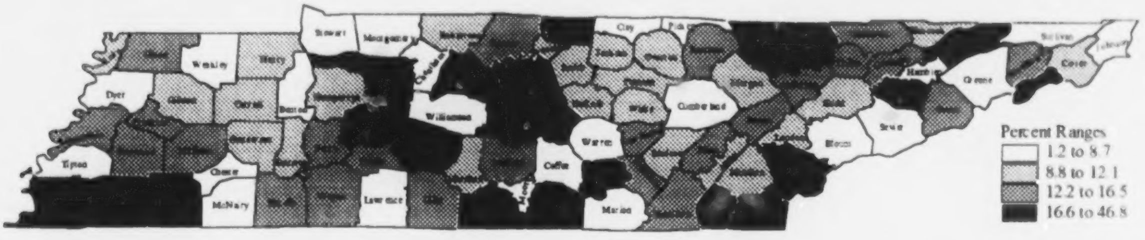
What Works

- Creating smaller school communities within larger schools and reducing the teacher-pupil ratio.
- Making schools more student-centered and identifying and working with students early in their school careers to ensure early success. Children who get good early childhood education are more likely to achieve more in the early grades and to stay in school longer, according to a longitudinal study.
- Overcoming students' fears for their safety. Improving school atmosphere by improving communication within the school and with the community, fostering parent involvement, violence prevention training, peer mediation, and conflict resolution.
- Preventing truancy by working with law enforcement and community agencies to address truancy and setting up truancy centers, as Memphis Public Schools has.
- Suspensions. in-school suspensions and alternative schools.
- Dealing with dropouts. school-to-work programs and adult high schools. About one third of Tennessee school systems have adult high schools to assist dropouts.

School Dropout

High School Dropouts, School Year 1999

Number and Cohort Dropout Rates for the Class of 1999



County	Cohort Dropouts Number	Percent**
Anderson*	131	12.4
Bedford	79	15.4
Benton	10	3.9
Bledsoe	16	10.3
Blount*	112	7.4
Bradley*	227	19.2
Campbell	123	23.6
Cannon	30	17.8
Carroll*	51	11.0
Carter*	66	9.2
Cheatham	39	6.7
Chester	19	7.5
Claiborne	58	12.6
Clay	2	1.8
Cocke*	71	14.5
Coffee*	69	8.6
Crockett*	35	15.5
Cumberland	51	8.2
Davidson	1,244	17.5
Decatur	18	11.4
DeKalb	22	8.9
Dickson	103	17.0
Dyer*	47	7.7
Fayette	151	30.9
Fentress	11	13.4
Franklin	83	18.0
Gibson*	78	10.9
Giles	55	13.1
Grainger	39	13.9
Greene*	75	7.8
Grundy	123	46.8
Hamblen	74	7.2
Hamilton	601	15.8

County	Cohort Dropouts Number	Percent**
Hancock	9	9.8
Hardeman	104	25.7
Hardin	59	15.7
Hawkins*	113	17.1
Haywood	70	16.5
Henderson*	54	11.4
Henry*	56	12.1
Hickman	49	20.3
Houston	19	19.0
Humphreys	22	9.3
Jackson	16	11.9
Jefferson	86	17.7
Johnson	3	1.2
Knox	528	11.3
Lake	11	9.3
Lauderdale	56	13.2
Lawrence	52	8.7
Lewis	29	16.4
Lincoln*	74	16.6
Loudon*	49	9.5
Macon	64	20.1
Madison*	176	13.9
Marion*	26	5.3
Marshall	41	10.7
Maury	217	18.5
McMinn*	83	10.0
McNairy	28	6.5
Meigs	19	11.0
Monroe*	115	19.3
Montgomery	175	8.3
Moore	7	7.5
Morgan	39	12.0
Obion*	70	13.5

County	Cohort Dropouts Number	Percent**
Overton	25	10.0
Perry	14	13.6
Pickett	4	5.6
Polk	38	17.8
Putnam	86	10.8
Rhea*	65	15.8
Roane*	94	12.2
Robertson	87	10.4
Rutherford*	462	17.2
Scott*	80	19.3
Sequatchie	23	12.5
Sevier	81	7.0
Shelby*	3,100	22.1
Smith	33	12.0
Stewart	14	8.0
Sullivan*	173	8.4
Sumner	259	13.3
Tipton*	80	8.6
Trousdale	13	11.5
Unicoi	65	26.6
Union	35	13.6
Van Buren	9	12.3
Warren	38	7.6
Washington*	218	15.4
Wayne	36	14.3
Weakley	33	5.7
White	38	11.4
Williamson*	137	8.7
Wilson*	219	17.0

Tennessee	11,991	14.8

Source: Tennessee Department of Education.

Note: * This represents counties with multiple school districts.

**The percent equals total dropouts, grades 9-12, times 100 divided by 9th grade enrollment for class 1999.

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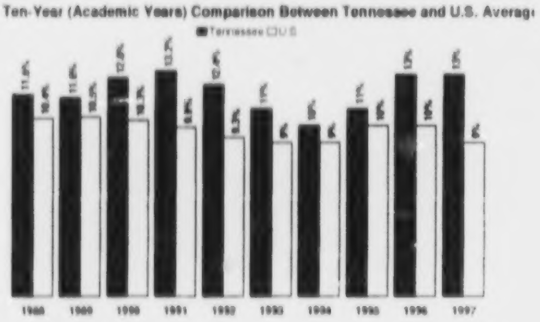
School Dropout

Percent of Teens Aged 16-19 Who Are High School Dropouts



Source: The Annie E. Casey Foundation 2000 Kids Count Data Book online. The figures shown here represent three year averages of cohort rate.

Another way of measuring educational achievement is to measure high school completion rates for young adults ages 18 to 24. According to *Dropout Rates in the United States, 1999,* the three-year average high school completion rate for 1996-98 was 87 percent in Tennessee, up from a 77 percent rate for 1990-92. School completion rates include students who have earned a General Educational Development (GED) or high school equivalency credential. Almost 12 million adults earned their GEDs between 1972 and 1998, but in 1998 only about 12 percent of those who completed school had done so by earning a GED. While the original purpose of the GED was to aid older people for whom high school is not an option, during the last quarter of the 20th century, a third of the people taking the GED were between the ages of 16 and 19, and the average age of participants was 26. While only 3 percent of Tennessee prison inmates had earned a GED outside the prison, 26 percent of them earned the credential in prison.

In 1998-99 for the first time the DOE published dropout rate figures by gender and race as a part of its yearly report card. The percentages for white students were 3.4 (event) and 14.2 (cohort); for African-Americans, 5.9 and 24.3; and for Hispanics, 5.2 and 23.5. Nationally, Hispanics, who make up only 0.4 percent of Tennessee's students, have a higher dropout rate (9.2 in 1998) than the other two groups (Dropout Rates in the United States, 1999). Males, at 16.7 percent, were 31 percent more likely to drop out than females. Racial differences are noticeable in school completion rates, also. Both African-Americans and whites show higher completion rates after 1980 than before, although they appear to have stabilized at around 83 and 90 percent, respectively. The Hispanic rate stabilized at about 63 percent. The percentage of the total who had received a GED was the same for all races at about 10.

People with a GED have better results than dropouts but do not do as well as those with diplomas.

Researchers say that students drop out of school primarily for two types of reasons:

- Factors related to school: lack of motivation because of poor academic performance; low self-esteem as a result of classification as slow; lack of goals; treatment by teachers.
- Factors related to the community: negative role models; pressure from family concerns; issues such as pregnancy and marriage; lack of family support for education (Prevention Researcher, 1999).

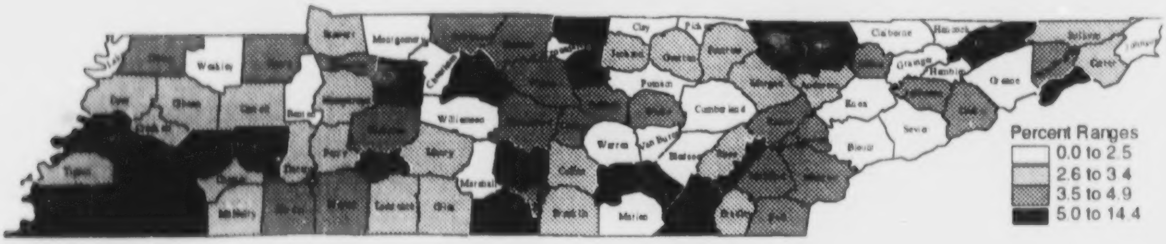
Some experts say that the situations that cause dropout are actually set by the time the child reaches the third grade, when their academic problems become evident (Gaustad, 1991). In summary, dropout rates are higher for students from lower income families, from families with a history of non-English language, who had repeated a grade, were older than other students in the class, and who had poor attendance records.

Thirty percent of sophomores who dropped out of school had been suspended, three times the rate of other students (The Dark Side of Zero Tolerance, 1999). Some experts believe that suspensions and expulsions are one mechanism used by educators to "push out" unwanted students.

School Dropout

High School Dropouts, 1999

Number and Event Dropout Rates for Grades 9 to 12



County	Dropouts	
	Number	Percent**
Anderson*	135	3.40
Bedford	91	5.16
Benton	12	1.46
Bledsoe	10	1.50
Blount*	120	2.50
Bradley*	110	2.70
Campbell	105	5.35
Cannon	26	4.08
Carroll*	45	2.68
Carter*	70	2.61
Cheatham	36	1.65
Chester	19	2.57
Claiborne	23	1.67
Clay	3	0.81
Cocke*	62	3.73
Coffee*	80	2.92
Crockett*	27	3.30
Cumberland	49	2.44
Davidson	1,261	5.76
Decatur	19	3.04
DeKalb	29	3.50
Dickson	130	5.56
Dyer*	62	3.09
Fayette	164	14.40
Fentress	8	2.64
Franklin	52	2.82
Gibson*	86	3.19
Giles	52	3.40
Grainger	19	1.94
Greene*	53	1.78
Grundy	77	9.66
Hamblen	65	2.42
Hamilton	680	5.37
Hancock	9	2.38
Hardeman	90	10.23
Hardin	51	4.29
Hawkins*	127	5.37
Haywood	96	8.48
Henderson*	64	5.12
Henry*	65	4.18
Hickman	45	4.40
Houston	14	3.80
Humphreys	28	2.92
Jackson	13	2.70
Jefferson	71	3.68
Johnson	10	1.46
Knox	374	2.31
Lake	7	2.38
Lauderdale	75	5.22
Lawrence	59	2.67
Lewis	32	5.37
Lincoln*	84	5.24
Loudon*	77	3.75
Macon	65	6.13
Madison*	214	5.19
Marion*	22	1.83
Marshall	33	2.26
Maury	109	3.11
McMinn*	92	3.84
McNairy	36	2.96
Meigs	27	4.96
Monroe*	76	4.00
Montgomery	169	2.42
Moore	16	4.92
Morgan	29	2.99
Obion*	63	3.62
Overton	28	3.16
Perry	11	2.89
Pickett	5	2.07
Polk	34	4.89
Putnam	65	2.21
Rhea*	39	2.66
Roane*	98	4.01
Robertson	111	4.40
Rutherford*	339	3.96
Scott*	82	6.59
Sequatchie	30	5.43
Sevier	78	2.17
Shelby*	2,926	6.31
Smith	49	5.04
Stewart	22	3.40
Sullivan*	180	2.55
Sumner	246	3.76
Tipton*	100	3.16
Trousdale	7	1.75
Unicoi	56	7.21
Union	33	3.52
Van Buren	-	-
Warren	46	2.41
Washington*	238	4.64
Wayne	31	3.74
Weakley	40	2.45
White	53	4.65
Williamson*	94	1.46
Wilson*	186	4.21

Tennessee	11,349	4.20

Source: Tennessee Department of Education.

Note: * This represents counties with multiple school districts.

** Percent equals total event dropout times 100 divide by net enrollment in the year.

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Child Care

Child Care is a major concern for parents and policy makers as we enter the new millennium. Welfare-to-work reforms and availability and quality of child care become even more significant as we learn about the long-term impact of the first critical years of life.

As of September 1999 there were 5,993 regulated child care agencies in Tennessee with a total capacity for 276,257 children, an 8.6 percent increase since 1998. Regulated child care agencies include child care centers, group child-care homes, and family child-care homes. Two additional categories that are not reflected in these numbers represent another portion of care for our children: unregulated home care (less than four children) and in-home care (in the child's home). Slightly more than half (52 percent) of Tennessee's regulated child care is in child care centers, with 48 percent in group homes, family homes, and registered homes.

The average cost of quality care (accredited) child care ranges from $70 a week for a 4-year-old to $150 a week for infant care. The 1998 Census Bureau median income per household estimate for Tennessee is $30,636. After providing for housing, transportation, food, and clothing, there is little if any money available to pay for child care, even if child care is a valued priority.

The dilemma is clear. A young welfare parent trying to enter the workforce in a job paying minimum wage or only slightly more earns an annual income of $8,772. This parent's child care problems are similar to what countless other young Tennessee families face (Governor's Task Force on Child Care).

Quality child care in Tennessee has been a challenging endeavor for those individuals working to promote safety in the standards that govern licensing of providers. In 1998 standards were filed that would improve worker-to-child ratios in Tennessee. Because of opposition, the child-care ratio improvement was withdrawn from committee, leaving child care ratios below the accepted national standards. Legislation passed in 2000 calls for lower ratios.

What we currently know from selected findings about child care centers is that:

- Child care centers in the United States rate mediocre to poor in terms of quality.
- Quality is particularly low in infant/toddler programs.
- Quality is higher where the following exist:
    1. Adult-to child ratios are more favorable;
    2. Staff members have more general education;
    3. Administrators have experience before coming to a program;
    4. Teachers have more specialized training in early childhood;
    5. Teachers' wages are higher.

The National Association for the Education of Young Children (NAYEC) promotes accreditation as a strategy for improving child-care quality. Accreditation is supported as a result of a longitudinal study of 92 child-care centers serving preschool-age children. Findings from the study suggest that achieving accreditation assists centers to improve their services, with the majority of accredited centers reaching a high level of quality.

Child Care

Regulated Child Care Agencies and Spaces, 1999*

County	Child Care Agencies	Child Care Spaces
Anderson	61	3,370
Bedford	52	1,552
Benton	26	494
Bledsoe	10	290
Blount	68	4,484
Bradley	79	3,012
Campbell	22	722
Cannon	24	216
Carroll	35	992
Carter	52	1,728
Cheatham	40	3,043
Chester	18	352
Claiborne	39	711
Clay	10	400
Cocke	31	739
Coffee	82	2,892
Crockett	20	493
Cumberland	40	1,307
Davidson	595	35,880
Decatur	10	1,055
DeKalb	22	315
Dickson	28	1,780
Dyer	57	1,683
Fayette	14	464
Fentress	19	438
Franklin	72	1,062
Gibson	85	1,985
Giles	48	665
Grainger	11	205
Greene	48	1,827
Grundy	19	251
Hamblen	66	2,079
Hamilton	399	21,099

County	Child Care Agencies	Child Care Spaces
Hancock	7	137
Hardeman	42	660
Hardin	20	282
Hawkins	43	1,033
Haywood	38	1,221
Henderson	33	907
Henry	53	948
Hickman	18	512
Houston	5	141
Humphreys	15	784
Jackson	14	359
Jefferson	25	738
Johnson	13	354
Knox	433	21,535
Lake	7	147
Lauderdale	33	723
Lawrence	31	1,143
Lewis	13	194
Lincoln	48	912
Loudon	27	1,239
Macon	20	336
Madison	136	5,818
Marion	22	620
Marshall	20	559
Maury	82	2,948
McMinn	42	1,424
McNairy	21	516
Meigs	8	90
Monroe	23	569
Montgomery	146	6,142
Moore	7	131
Morgan	9	168
Obion	37	1,067

County	Child Care Agencies	Child Care Spaces
Overton	38	591
Perry	11	190
Pickett	15	142
Polk	11	187
Putnam	77	3,195
Rhea	27	694
Roane	33	1,274
Robertson	39	1,891
Rutherford	137	9,277
Scott	20	378
Sequatchie	12	440
Sevier	52	2,238
Shelby	1,012	67,438
Smith	24	496
Stewart	10	260
Sullivan	152	6,057
Sumner	115	6,087
Tipton	44	1,577
Trousdale	9	279
Unicoi	15	378
Union	10	207
Van Buren	3	88
Warren	68	1,737
Washington	94	4,814
Wayne	15	229
Weakley	56	1,481
White	42	807
Williamson	76	6,105
Wilson	83	5,778
Tennessee	5,993	276,257

Source: Child Care Resource & Referral Child Care Services, Tennessee Department of Human Services

Note: The data in this report are for September 1999

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Child Care

The National Child Care Action Campaign (CCAC) supports collaborative early education efforts in 14 states throughout the United States based on these founding premises:

- All children should have access to the benefits of good quality child care and early education.
- States committed to improving school readiness and educational outcomes should invest in bettering the quality of early education.
- Superintendents in all the nation's school districts need to see collaborative early childhood efforts as a vehicle for education reform as well as a foundation for universal pre-kindergarten.
- Not only should children be ready for school, but schools must be ready for children.
- Community-based early childhood organizations should be encouraged by the findings and approach schools with specific proposals for partnering.
- All early childhood partnerships must take into account the needs of working parents.

In Nashville a partnership effort that is recommended by CCAC was initiated by the United Way Success by Six initiative in 1991. The United Way brought together a group of public and private partners to establish and pilot the Caldwell Family Resource Center and Clinic, including a hospital; the city's health department, education, social service, and housing agencies; the state Department of Human Services; and a university health center. It is located near the Sam Levy Housing Development where all of the school's families reside.

Caldwell Early Childhood Center provides a comprehensive childhood program that is located in an impoverished inner city public-housing community. It serves 235 children ages 3 to 5 and their families and features full-day pre-kindergarten and kindergarten before-and after-school programs, including care for infants and toddlers of parents in job training; a Family Resource Center; and on-site health and social services. Caldwell's success is measured by evidence of positive outcomes for the children who have attended. Caldwell's outcomes are measured by students' improved performances based on standardized test scores in grades 3 and 4.

Even if parents are lucky enough to find quality child care services they must then confront another hurdle: affordability. A 1998 Census Bureau analysis showed that no matter what income level a family has, child care is the third greatest expense after housing and food.

The average cost of one year of child care is more than 1-1/2 times more (1.6) than one year of tuition at a state university. Yet when it comes to paying for child care families are pretty much on their own; the state makes more assistance available for higher education than it does for early education.

If there is any doubt that spending should focus on early education to provide age-appropriate, quality care for children, recent brain research aids us in understanding the need.

Brain development

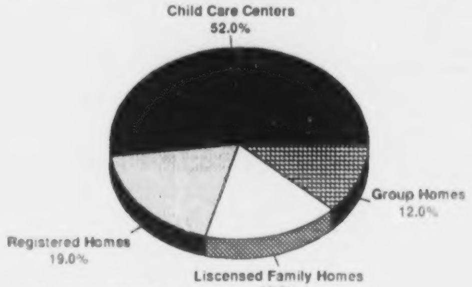
- Because of new technologies and recent research, scientists have discovered that the growth of a child's brain is greatest between birth and three years of age. During these critical years the majority of a child's hard wiring is occurring in the vast network of neurons in the brain. This wiring process sets the stage for future capacity for language, intelligence, and response to external stimuli.

Child Care

- Understanding the foundation of the circuitry of the brain and significance to human development gives professionals working with children the concrete evidence for intervention strategies and planning.
- By the time that a baby is three, she or he will have formed 1,000 trillion connections, about twice as many as adults have. A baby's brain is super-dense and will stay that way for the first decade of life. At around age 11, a child's brain begins eliminating connections that are rarely used, making order out of the thick tangle of "wires." Connections that are used repeatedly during a child's early years become the foundation for the brains organization and function for the rest of their lives.
- As a result it is easy to see how a child's environment shapes the brain and creates a scenario for success or lesser alternatives.

Types of Registered Child Care Agencies

Tennessee's 5,993 Child Care Agencies as of September 22, 1999



Source: Department of Human Services

A child's health is also important to early brain development

- **Nutrition**. From birth through the growth years, proper nutrition and a balanced diet play an important role in brain development. In looking at the biological antecedents for brain development it is easy to see how basic interventions have a significant impact on a child's development. Prenatally the nutrition of the mother is critical for formation of the brain during one of the highest periods of growth.
- **Early identification of developmental problems**. Early detection and intervention and referral for developmental or health problems can prevent further complication or impairment of brain development.
- **The importance of age-appropriate activities** with secure one-to-one interactions is the foundation for brain stimulation and supports awareness of a child's needs should areas of developmental or health problems arise.

What increases the likelihood of a child's success?

- Creating a safe environment.
- Teaching a child she/he is special.
- Creating an environment where the child feels confident about what to expect.
- Providing a child appropriate discipline.
- Giving a child a balanced experience of freedom and limits.
- Exposing a child to a diverse environment filled with books, music, and appropriate toys.

Child Care Ratios Worker/Child

Comparison of Current State Standards/U.S. Recommended Ratios/TN Proposed/Withdrawn Standards

Age Group	TN Worker to Child	U.S. Recommended Ratios	TN Proposed/Withdrawn Standards
Infant	1 Worker/5 Infants	*1 Worker/3 infants, 0-24mo.	1 Worker/4 infants(group size no larger than 8)
Toddler	1 Worker/7 Toddlers	*1 Worker/4 Toddlers, 25-30mo.	1 Worker/6 Toddlers (group no larger than 12)
Two-Year-Olds	1 Worker/8 Children	*1 Worker/5 Children, 31-35 Months	1 worker/7 Children (group no larger than 14)
Three-Year-Olds	1 Worker/10 Children	*1 Worker/7 Children	1 Worker/9 Children (group no larger than 18)
Four-Year-Olds	1Worker/15 Children	*1 Worker/8 Children	1 Worker/15 Children (group no larger than 24)
Five-Year-Olds	1 Worker/20 Children	*1 Worker/8 Children	1 Worker/16 Children (group no larger than 24)
Six-Year-Olds	1 Worker/25 Children	*1 Worker/8 Children	NA

*Developed by: American Public Health Association and American Academy of Pediatrics

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Head Start

In Tennessee the Head Start program is administered by the Head Start Bureau in the Administration on Children, Youth, and Families (ACYF) and the Department of Health and Human Services (DHHS). Grants are awarded by the DHHS Regional Offices and the Head Start Bureau's American Indian and Migrant Program branches to local public agencies, private non-profit organizations, and school systems for the purpose of operating Head Start programs at the community level.

Head Start Programs in Tennessee have led the way for setting high standards for children in an early childhood learning experience through:

- Having 90 percent of their teachers with degrees in early childhood education or having the Child Development Associate (CDA) credential or a state certificate to teach in a pre-school setting.
- Establishing home-based schooling programs in seven regions serving 414 children.
- Employing parents of former Head Start Students.
- Providing an early socialization/education experience for a total of 14,264 children per year.
- Providing an early education experience for children of low income families who otherwise would not receive this service.

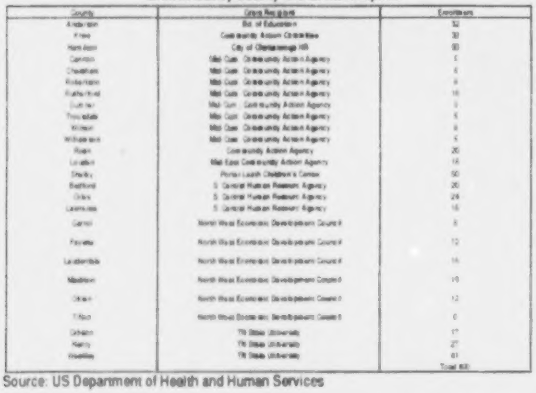
Early Head Start. In 1998 several existing Head Start Programs in Tennessee became the recipients of grant money to provide a new program, the Early Head Start Program, designed for low income families with infants and toddlers. During the fiscal year 1999 the Early Head Start Program provided care for 490 infants and toddlers in these areas in Tennessee.

The Community-Based Early Head Start programs are founded on nine principles:

1. High Quality. A commitment to developing policies and practices that are founded in the knowledge, skills, and professional ethics embraced by the fields of child development.
2. Prevention and Promotion. The proactive promotion of healthy child development and family functioning with emphasis on detecting developmental concerns at the earliest possible time.
3. Positive Relationships and Continuity. The idea that strong positive relationships that continue over time are key elements in a high quality program. Also, that the relationship between staff and family is based on respect for the child and family's home culture.
4. Parent Involvement. The Early Head Start initiative supports the highest level of parent involvement and partnership. Programs recognize the parent as the child's primary nurturer and advocate.

Tennessee 1999 Early Head Start Enrollment

Broken Out by County and Grant Recipient



Source: US Department of Health and Human Services

5. Inclusion. Programs welcome children with disabilities, putting emphasis on their their own needs and strengths, set their own goals, and are capable of growth.
8. Transitions. Committed to facilitating a smooth transition from Early Head Start into Head Start or other high quality programs and support services.
9. Collaboration. Collaboration with local community agencies and service providers to maximize the resources available for families.

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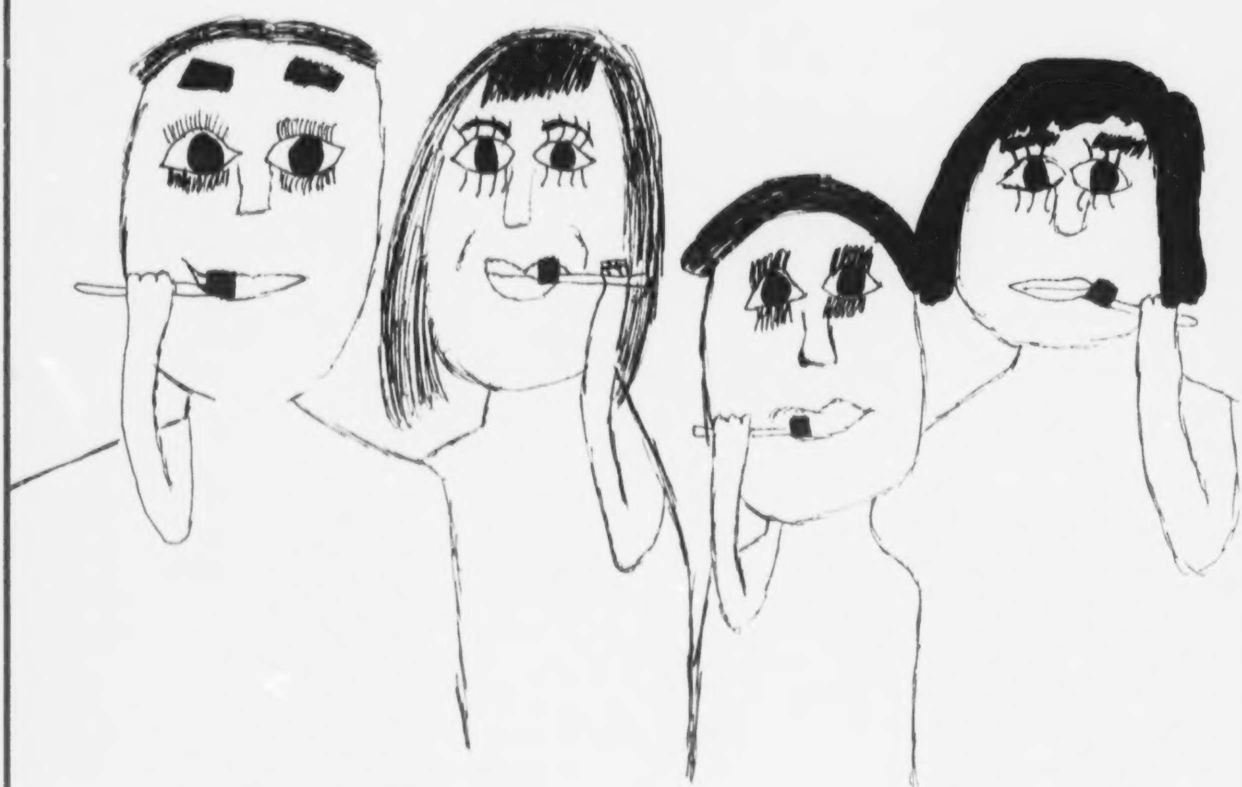
Healthy Families



KIDS COUNT 2000

Population

Tennessee's population continued to grow in 1999 by an estimated 2 percent or 120,000 people. Many of those newcomers are of Hispanic or Asian origin moving to Tennessee to seek employment in a shrinking labor pool. In 1997 the U.S. Census Bureau reported that three counties in Tennessee, Shelby, Davidson, and Montgomery, had Hispanic populations greater than 5,000. Fourteen other counties had Hispanic populations greater than 500. Shelby, Davidson, and Knox counties had Asian populations greater than 5,000. Ten other counties had Asian populations greater than 500 (Pollard, 1999).

Twenty-five percent of Tennessee's population is younger than 18 years of age. Tennessee is the 16th most populous state in the United States, representing 2 percent of the national population as a whole. More than half of the U.S. population lives in the nine most populated states.

Counties surrounding Tennessee's metropolitan areas continue to see rapid growth. Williamson and Rutherford counties outside of Nashville and Tipton and Fayette counties outside of Memphis are experiencing growth rates placing them among the fastest growing counties in the nation. Some counties are seeing increasing populations and school enrollments beyond their ability to increase revenues to provide additional services or to build new schools, forcing them to enact impact fees, which in some cases have halted or slowed down growth. Other counties are raising property and sales taxes. Local revenue problems have been exacerbated by the state's budget crisis, which threatens to increase the state's share of sales tax, decrease the amount of state-shared taxes returned to local governments, or both. Tennessee does not have a general income tax, meaning both the state and local governments must share the sales tax base to raise much of their revenue.

Three of the state's metropolitan areas were reported to have lost 5 percent or more of their populations since 1980: Memphis, Chattanooga, and Kingsport-Bristol (Cuomo, 1999).

The Cost of Sprawl-Revisited reports that land is being consumed at triple the rate of household formation and automobile use is growing at double the rate of population growth (Cuomo, 1999). Many are concerned about the effect urban sprawl and increased population will have on Tennessee's quality of life.

Suburban residential growth has strained infrastructure, leading to increased traffic volume on highways and interstates and creating the need for construction of new interstates and widening of existing ones. A commuter rail system is only now in the planning stages in the Nashville area, with completion of the entire system not expected until 2020.

Increased population places a heavy burden on schools in Tennessee. School enrollments are increasing at a time when school systems in Tennessee are trying to implement measures enacted by the legislature to lower student-teacher ratios in all grades by 2001-02. Increased enrollment also creates the need to use portable classrooms until new schools can be built, potentially having a detrimental affect on learning.

Population

Tennessee Population By Age Group, Birth - 19 Years, 1999

County	Total Population	Children and Youth					
		Ages 0-4	Ages 5-9	Ages 10-14	Ages 15-19	Ages 0-19	Percent*
Anderson	73,758	4,691	5,158	4,991	4,709	19,549	26.5
Bedford	34,883	2,552	2,496	2,545	2,262	9,855	28.3
Benton	16,500	1,030	1,104	1,032	990	4,156	25.2
Bledsoe	10,701	595	674	672	756	2,697	25.2
Blount	102,013	6,367	6,465	6,600	6,280	25,712	25.2
Bradley	82,563	5,478	5,502	5,527	5,461	21,968	26.6
Campbell	38,473	2,392	2,473	2,748	2,557	10,170	26.4
Cannon	12,078	853	917	821	820	3,411	28.2
Carroll	29,711	1,917	1,973	1,997	1,980	7,867	26.5
Carter	54,806	3,046	3,092	3,278	3,381	12,797	23.3
Cheatham	34,181	2,683	2,983	2,765	2,216	10,647	31.1
Chester	14,527	920	953	979	1,287	4,139	28.5
Claiborne	29,702	1,876	1,977	1,967	2,191	8,011	27.0
Clay	7,545	404	471	468	472	1,815	24.1
Cocke	32,450	1,994	2,078	2,107	2,055	8,234	25.4
Coffee	46,138	3,362	3,592	3,397	3,120	13,471	29.2
Crockett	14,101	912	1,045	933	936	3,826	27.1
Cumberland	43,323	2,540	2,701	2,589	2,511	10,341	23.9
Davidson	551,264	40,264	38,782	35,237	36,043	150,326	27.3
Decatur	11,056	660	637	667	663	2,627	23.8
DeKalb	15,943	960	979	1,025	984	3,948	24.8
Dickson	40,869	3,205	3,441	3,396	2,797	12,839	31.4
Dyer	37,291	2,777	2,912	2,570	2,487	10,746	28.8
Fayette	29,168	2,256	2,249	2,283	2,275	9,063	31.1
Fentress	16,191	984	1,084	1,107	1,125	4,300	26.6
Franklin	37,968	2,287	2,390	2,517	2,719	9,913	26.1
Gibson	49,102	3,185	3,493	3,347	3,115	13,140	26.8
Giles	29,292	1,979	2,027	2,081	2,118	8,205	28.0
Grainger	19,687	1,175	1,329	1,258	1,284	5,046	25.6
Greene	60,391	3,442	3,759	3,780	3,692	14,673	24.3
Grundy	14,279	969	1,007	996	959	3,931	27.5
Hamblen	54,938	3,658	3,765	3,499	3,454	14,376	26.2
Hamilton	304,332	20,345	20,925	20,424	19,569	81,263	26.7
Hancock	7,088	411	428	490	488	1,817	25.6
Hardeman	24,963	1,965	2,030	1,990	1,778	7,763	31.1
Hardin	25,311	1,740	1,871	1,763	1,609	6,983	27.6
Hawkins	49,856	3,047	3,250	3,191	3,008	12,496	25.1
Haywood	20,363	1,530	1,636	1,503	1,535	6,204	30.5
Henderson	24,162	1,522	1,606	1,564	1,567	6,259	25.9
Henry	30,638	1,717	1,834	1,883	1,880	7,314	23.9
Hickman	20,019	1,257	1,304	1,448	1,208	5,217	26.1
Houston	8,018	496	498	526	476	1,996	24.9
Humphreys	17,181	1,075	1,149	1,192	1,049	4,465	26.0
Jackson	9,694	552	566	595	542	2,255	23.3
Jefferson	41,489	2,321	2,371	2,430	2,993	10,115	24.4
Johnson	16,985	858	938	1,031	961	3,788	22.3
Knox	375,623	24,287	24,369	24,192	26,211	99,059	26.4
Lake	8,584	428	437	436	416	1,717	20.0
Lauderdale	24,699	1,980	2,026	1,859	1,783	7,648	31.0
Lawrence	39,961	3,037	3,022	2,931	2,791	11,781	29.5
Lewis	10,868	774	733	657	692	2,856	26.3

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Population

Tennessee Population By Age Group, Birth - 19 Years, 1999

County	Total Population	Children and Youth					
		Ages 0-4	Ages 5-9	Ages 10-14	Ages 15-19	Ages 0-19	Percent*
Lincoln	29,628	2,054	2,166	2,142	2,082	8,444	28.5
Loudon	38,369	2,403	2,398	2,643	2,364	9,808	25.6
Macon	17,900	1,305	1,273	1,266	1,189	5,033	28.1
Madison	86,950	6,590	6,795	6,287	6,347	26,019	29.9
Marion	27,338	1,841	1,975	1,956	1,863	7,635	27.9
Marshall	25,936	1,838	1,959	1,866	1,788	7,451	28.7
Maury	68,706	5,139	5,472	5,235	4,671	20,517	29.9
McMinn	47,092	3,035	3,239	3,025	3,075	12,374	26.3
McNairy	24,397	1,543	1,645	1,616	1,502	6,306	25.8
Meigs	9,571	542	590	620	601	2,353	24.6
Monroe	34,299	2,214	2,326	2,398	2,332	9,270	27.0
Montgomery	124,591	11,255	9,115	8,677	9,489	38,536	30.9
Moore	5,400	287	364	371	356	1,378	25.5
Morgan	18,834	1,227	1,236	1,249	1,285	4,997	26.5
Obion	33,025	2,044	2,115	2,176	2,168	8,503	25.7
Overton	19,220	1,134	1,179	1,269	1,234	4,816	25.1
Perry	7,436	450	454	568	462	1,934	26.0
Pickett	4,774	283	255	334	273	1,145	24.0
Polk	14,858	805	857	984	823	3,469	23.3
Putnam	59,685	3,770	3,954	3,700	5,050	16,474	27.6
Rhea	28,039	1,752	1,902	1,812	1,949	7,415	26.4
Roane	51,371	2,776	3,073	3,276	3,202	12,327	24.0
Robertson	51,179	4,060	4,298	4,030	3,409	15,797	30.9
Rutherford	159,014	12,254	12,990	11,865	13,378	50,487	31.8
Scott	20,169	1,488	1,560	1,500	1,470	6,018	29.8
Sequatchie	10,297	756	700	713	688	2,857	27.7
Sevier	63,195	4,025	4,196	4,131	3,981	16,333	25.8
Shelby	893,718	74,483	73,697	68,311	66,048	282,539	31.6
Smith	16,138	1,008	1,180	1,134	1,114	4,436	27.5
Stewart	11,343	639	717	684	729	2,769	24.4
Sullivan	154,389	8,978	9,411	9,732	9,021	37,142	24.1
Sumner	123,305	7,752	9,443	9,402	8,874	35,471	28.8
Tipton	46,371	4,033	4,131	4,112	3,585	15,861	34.2
Trousdale	6,788	398	471	420	452	1,741	25.6
Unicoi	17,655	896	923	979	1,047	3,845	21.8
Union	16,010	1,070	1,153	1,161	1,121	4,505	28.1
Van Buren	5,199	286	303	341	333	1,263	24.3
Warren	36,634	2,468	2,521	2,397	2,497	9,883	27.0
Washington	103,306	5,957	6,207	6,207	6,772	25,143	24.3
Wayne	16,803	1,137	1,174	1,145	1,132	4,588	27.3
Weakley	33,556	2,067	2,113	2,049	3,110	9,339	27.8
White	22,535	1,422	1,527	1,521	1,397	5,867	26.0
Williamson	109,338	7,153	8,791	9,505	8,183	33,632	30.8
Wilson	81,913	5,890	6,680	6,571	5,653	24,794	30.3
Tennessee	5,481,000	383,262	393,029	380,664	376,354	1,533,309	28.0

Source: 1999 Population Estimates, prepared by Tennessee Department of Health and TCCY

Note: *Percent of county population age 0 through 19.

Population

Tennessee Population Birth - 19 By Race and Gender, 1999

County	Children and Youths, Ages Birth-19 Years						
	White	African-American	Other	Male	Female	All Ages 0-19	Percent**
Anderson	17,962	1,244	343	9,991	9,558	19,549	26.5
Bedford	8,678	1,089	88	5,012	4,843	9,855	28.3
Benton	3,945	170	41	2,028	2,128	4,156	25.2
Bledsoe	2,591	93	13	1,458	1,239	2,697	25.2
Blount	24,182	1,220	310	13,031	12,681	25,712	25.2
Bradley	20,433	1,252	283	11,078	10,890	21,968	26.6
Campbell	10,042	37	91	5,172	4,998	10,170	26.4
Cannon	3,316	74	21	1,775	1,636	3,411	28.2
Carroll	6,726	1,120	21	4,034	3,833	7,867	26.5
Carter	12,473	191	133	6,508	6,289	12,797	23.3
Cheatham	10,438	153	56	5,498	5,149	10,647	31.1
Chester	3,501	618	20	2,037	2,102	4,139	28.5
Claiborne	7,822	82	107	4,033	3,978	8,011	27.0
Clay	1,774	37	*	916	899	1,815	24.1
Cocke	7,928	244	62	4,190	4,044	8,234	25.4
Coffee	12,585	702	184	6,813	6,658	13,471	29.2
Crockett	3,144	675	*	1,972	1,854	3,826	27.1
Cumberland	10,210	12	119	5,342	4,999	10,341	23.9
Davidson	95,002	51,310	4,014	76,719	73,607	150,326	27.3
Decatur	2,484	128	15	1,360	1,267	2,627	23.8
DeKalb	3,879	51	18	1,997	1,951	3,948	24.8
Dickson	11,661	1,015	163	6,563	6,276	12,839	31.4
Dyer	8,853	1,824	69	5,431	5,315	10,746	28.8
Fayette	4,919	4,130	14	4,697	4,366	9,063	31.1
Fentress	4,293	*	*	2,273	2,027	4,300	26.6
Franklin	9,312	551	50	5,111	4,802	9,913	26.1
Gibson	9,457	3,635	48	6,715	6,425	13,140	26.8
Giles	6,966	1,182	57	4,211	3,994	8,205	28.0
Grainger	5,010	19	17	2,679	2,367	5,046	25.6
Greene	14,181	418	74	7,560	7,113	14,673	24.3
Grundy	3,907	*	17	1,926	2,005	3,931	27.5
Hamblen	13,266	987	123	7,383	6,993	14,376	26.2
Hamilton	58,096	21,747	1,420	41,249	40,014	81,263	26.7
Hancock	1,799	*	11	933	884	1,817	25.6
Hardeman	4,016	3,713	34	3,960	3,803	7,763	31.1
Hardin	6,487	442	54	3,555	3,428	6,983	27.6
Hawkins	12,119	289	88	6,415	6,081	12,496	25.1
Haywood	2,623	3,541	40	3,139	3,065	6,204	30.5
Henderson	5,694	552	13	3,201	3,058	6,259	25.9
Henry	6,320	956	38	3,749	3,565	7,314	23.9
Hickman	5,023	154	40	2,700	2,517	5,217	26.1
Houston	1,851	123	22	1,032	964	1,996	24.9
Humphreys	4,155	262	48	2,373	2,092	4,465	26.0
Jackson	2,226	*	29	1,133	1,122	2,255	23.3
Jefferson	9,727	331	57	5,245	4,870	10,115	24.4
Johnson	3,772	*	*	2,017	1,771	3,788	22.3
Knox	84,833	12,447	1,779	50,282	48,777	99,059	26.4
Lake	1,258	457	*	866	851	1,717	20.0
Lauderdale	4,789	2,781	78	3,878	3,770	7,648	31.0
Lawrence	11,543	185	53	5,952	5,829	11,781	29.5
Lewis	2818	23	15	1,531	1,325	2,856	26.3

Source: 1999 Population Estimates, Prepared by Tennessee Department of Health and TCCY

Notes: * Population is less than ten. ** Percent of county population, ages 0 through 19.

Population

Tennessee Population Birth - 19 By Race and Gender, 1999

County	Children and Youths, Ages Birth-19 Years						
	White	African-American	Other	Male	Female	All Ages 0-19	Percent**
Lincoln	7,535	860	49	4,363	4,081	8,444	28.5
Loudon	9,582	169	57	5,033	4,775	9,808	25.6
Macon	4,976	21	36	2,553	2,480	5,033	28.1
Madison	15,105	10,760	154	13,273	12,746	26,019	29.9
Marion	7,286	327	22	3,996	3,639	7,635	27.9
Marshall	6,793	629	29	3,668	3,783	7,451	28.7
Maury	16,515	3,822	180	10,489	10,028	20,517	29.9
McMinn	11,395	886	93	6,215	6,159	12,374	26.3
McNairy	5,732	549	25	3,284	3,022	6,306	25.8
Meigs	2,324	24	*	1,216	1,137	2,353	24.6
Monroe	8,920	292	58	4,711	4,559	9,270	27.0
Montgomery	27,641	9,200	1,695	19,936	18,600	38,536	30.9
Moore	1,350	27	*	688	690	1,378	25.5
Morgan	4,961	10	26	2,593	2,404	4,997	26.5
Obion	7,004	1,443	56	4,352	4,151	8,503	25.7
Overton	4,796	12	*	2,499	2,317	4,816	25.1
Perry	1,890	38	*	1,036	898	1,934	26.0
Pickett	1,145	*	*	581	564	1,145	24.0
Polk	3,430	*	39	1,828	1,641	3,469	23.3
Putnam	15,836	388	250	8,346	8,128	16,474	27.6
Rhea	7,042	271	102	3,803	3,612	7,415	26.4
Roane	11,637	571	119	6,281	6,046	12,327	24.0
Robertson	14,264	1,491	42	8,203	7,594	15,797	30.9
Rutherford	44,173	5,187	1,127	25,606	24,881	50,487	31.8
Scott	5,972	*	46	3,167	2,851	6,018	29.8
Sequatchie	2,854	*	*	1,475	1,382	2,857	27.7
Sevier	15,979	119	235	8,462	7,871	16,333	25.8
Shelby	122,143	156,004	4,392	145,054	137,485	282,539	31.6
Smith	4,273	136	27	2,241	2,195	4,436	27.5
Stewart	2,705	34	30	1,490	1,279	2,769	24.4
Sullivan	35,782	956	404	18,930	18,212	37,142	24.1
Sumner	33,031	2,190	250	18,396	17,075	35,471	28.8
Tipton	11,536	4,208	117	8,204	7,657	15,861	34.2
Trousdale	1,491	239	11	920	821	1,741	25.6
Unicoi	3,789	*	56	1,931	1,914	3,845	21.8
Union	4,474	*	24	2,286	2,219	4,505	28.1
Van Buren	1,253	*	*	640	623	1,263	24.3
Warren	9,364	403	116	4,909	4,974	9,883	27.0
Washington	23,554	1,373	216	12,925	12,218	25,143	24.3
Wayne	4,552	27	*	2,369	2,219	4,588	27.3
Weakley	8,192	1,016	131	4,488	4,851	9,339	27.8
White	5,744	103	20	3,016	2,851	5,867	26.0
Williamson	31,740	1,636	256	17,225	16,407	33,632	30.8
Wilson	22,920	1,669	205	12,832	11,962	24,794	30.3
Tennessee	1,182,769	329,387	21,153	784,236	749,073	1,533,309	28.0

Source: 1999 Population Estimates, Prepared by Tennessee Department of Health and TCCY

Notes: * Population is less than ten. ** Percent of county population, ages 0 through 19.

Labor and Unemployment

Tennessee's children, as well as those in the rest of the nation, continued to benefit from what most would consider full employment. As the economy continued to boom, many enterprises were faced with a shrinking labor pool and constant need for help. One source of employees that continues to be under-used is the teen workforce. While the adult unemployment rate was around 4 percent for much of 1999, youth employment remained above 12 percent, though down from 15 percent in 1996. Although many young people in rural areas of Tennessee are unemployed due to a lack of jobs and competition with adults for those jobs that are available, even in urban counties, the youth unemployment rate is two to three times that of adults. Tennessee youth unemployment in 1998 ranged from less than 4 percent in Cannon County to more than 36 percent in Trousdale County.

Tennessee adult unemployment in March 2000 ranged from less than 2 percent in Williamson County to just above 11 percent in Carroll County.

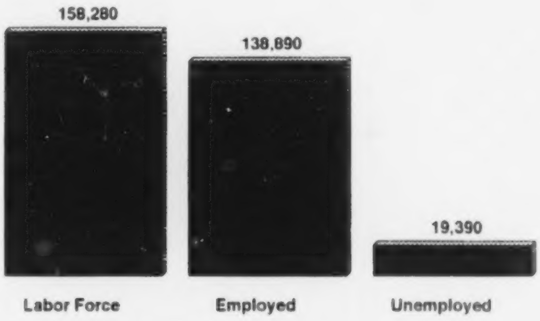
The annual employment growth rate in Tennessee is projected to be 2.2 percent, above the national rate of 1.4 percent.

Currently, Tennessee ranks 48th in the number of adults with a college degree and 47th in the number with a high school diploma. Because of the growing technology sector and the advent of the global marketplace, Tennessee will need to expand its efforts to educate and train its workforce in order to compete with other states and nations. It is projected that by 2006, 19 percent of all jobs will require a college degree and another 25 percent, some post-secondary training of less than four years. Although the need for high-skilled, well-educated workers will continue to grow, the service industry is projected to be the fastest growing sector of the job market in Tennessee (Outlook in Brief, 2000). Correspondingly over the next decade, the youth labor force will grow by 15 percent after declining from 1986 to 1996 and showing no real growth from 1976 to 1986 (Lerman, 1999). Service sector jobs are often low-skill and make excellent first jobs for youth.

Proponents of youth employment argue that early work experience familiarizes individuals with the job market, fosters the development of personal responsibility and work habits, and enables young workers to apply these experiences during the transition to the labor market. Critics contend that work schedules interfere with school and may encourage individuals to drop out (Hotz, 1999).

Of the 168 occupational fatalities reported in Tennessee in 1997, 6 percent were to people less than 20 years of age, double the national figure of 3 percent. The number of non-fatal occupational injuries to workers 16 to 19 years of age was 1,481. Naturally, more than half of these, 815, were in the wholesale and retail trade industry where so many young people work.

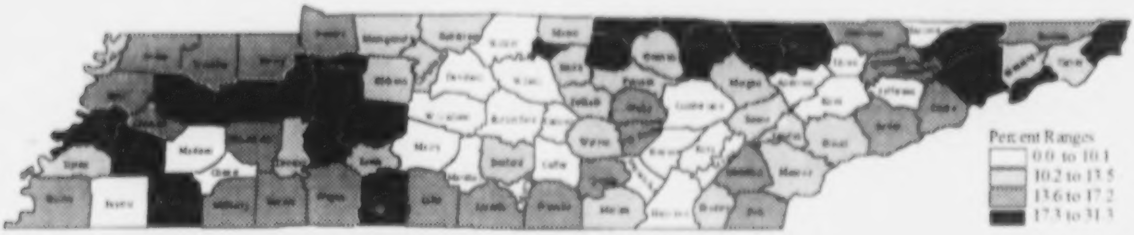
Tennessee Youth Labor Force Estimates Ages 16-19
1999



Source: Tennessee Department of Employment Security

Labor and Unemployment

Youth Unemployment Rate* Ages 16 to 19, 1999



County	Youth Unemployment	
	Number	Percent
Anderson	210	10.1
Bedford	140	12.4
Benton	90	18.4
Bledsoe	20	10.0
Blount	270	10.2
Bradley	290	10.2
Campbell	250	21.2
Cannon	10	3.6
Carroll	200	26.0
Carter	180	11.7
Cheatham	100	11.2
Chester	50	7.5
Claiborne	130	14.3
Clay	50	26.3
Cocke	170	15.7
Coffee	110	8.9
Crockett	60	15.0
Cumberland	130	9.6
Davidson	1450	9.8
Decatur	40	12.5
DeKalb	60	11.1
Dickson	120	10.3
Dyer	190	16.0
Fayette	60	9.0
Fentress	130	25.0
Franklin	160	13.7
Gibson	200	17.4
Giles	140	15.1
Grainger	90	15.3
Greene	440	22.0
Grundy	50	13.9
Hamblen	340	17.2
Hamilton	770	9.6

County	Youth Unemployment	
	Number	Percent
Hancock	10	7.7
Hardeman	160	26.2
Hardin	120	14.0
Hawkins	270	19.6
Haywood	130	26.5
Henderson	110	13.9
Henry	140	13.7
Hickman	100	21.3
Houston	40	30.8
Humphreys	80	17.4
Jackson	70	22.6
Jefferson	150	9.9
Johnson	100	23.8
Knox	840	7.6
Lake	20	13.3
Lauderdale	180	29.5
Lawrence	440	30.6
Lewis	30	11.1
Lincoln	120	13.8
Loudon	140	12.2
Macon	50	10.9
Madison	290	9.5
Marion	90	11.8
Marshall	60	7.9
Maury	200	9.5
McMinn	220	16.4
McNairy	110	17.2
Meigs	20	6.3
Monroe	160	13.3
Montgomery	350	10.3
Moore	0	0.0
Morgan	40	13.3
Obion	160	16.0

County	Youth Unemployment	
	Number	Percent
Overton	90	13.2
Perry	50	31.3
Pickett	30	27.3
Polk	60	15.4
Putnam	270	11.5
Rhea	80	9.6
Roane	190	13.5
Robertson	200	11.6
Rutherford	540	8.5
Scott	100	22.7
Sequatchie	20	6.7
Sevier	330	15.5
Shelby	3,180	13.9
Smith	60	11.3
Stewart	30	15.0
Sullivan	570	14.6
Sumner	320	7.7
Tipton	130	10.2
Trousdale	20	20.0
Unicoi	80	21.6
Union	40	9.8
Van Buren	20	16.7
Warren	140	11.6
Washington	330	10.4
Wayne	80	15.7
Weakley	180	14.1
White	100	16.9
Williamson	200	6.3
Wilson	250	9.5
Tennessee	19,390	12.3

Source: Tennessee Department of Labor and Workforce Development Employment Security Division, Research and Statistics.

Notes: * Youth unemployment rate is the number of people unemployed ages 16-19 years old, expressed as percent of labor force ages 16-19.

The data in this report are for calendar year 1999.

Labor and Unemployment

Annual Average Unemployment Rate, 1998 and 1999

	Unemployment Rate	
County	August 1998	August 1999
Anderson	3.6	4.2
Bedford	6.0	5.8
Benton	8.0	9.0
Bledsoe	4.2	3.5
Blount	2.8	3.5
Bradley	4.3	4.0
Campbell	5.8	8.7
Cannon	7.3	4.8
Carroll	9.8	8.9
Carter	4.2	5.0
Cheatham	1.9	2.1
Chester	3.7	3.9
Claiborne	4.2	4.7
Clay	10.1	10.5
Cocke	5.3	4.7
Coffee	5.1	4.7
Crockett	5.5	5.7
Cumberland	5.3	3.9
Davidson	2.5	3.2
Decatur	9.1	7.9
DeKalb	6.3	7.0
Dickson	5.3	3.0
Dyer	4.1	4.8
Fayette	4.2	3.9
Fentress	7.9	9.6
Franklin	5.5	5.2
Gibson	6.7	7.3
Giles	4.8	4.5
Grainger	5.6	4.3
Greene	4.6	3.7
Grundy	6.4	5.9
Hamblen	4.6	4.7
Hamilton	3.8	3.5
Hancock	5.9	6.6
Hardeman	12.6	11.1
Hardin	6.6	7.1
Hawkins	3.7	4.5
Haywood	15.8	10.5
Henderson	7.4	5.6
Henry	7.5	5.6
Hickman	10.4	4.9
Houston	10.8	9.4
Humphreys	8.1	7.4
Jackson	6.8	9.6
Jefferson	4.2	3.5
Johnson	7.0	5.5
Knox	3.7	2.7
Lake	8.9	4.3
Lauderdale	8.1	9.4
Lawrence	11.0	14.6
Lewis	11.3	9.0
Lincoln	5.5	4.5
Loudon	2.6	3.5
Macon	6.3	3.9
Madison	3.5	3.4
Marion	5.5	5.4
Marshall	5.4	3.2
Maury	4.7	4.5
McMinn	5.8	5.2
McNairy	5.6	4.2
Meigs	5.7	7.5
Monroe	5.7	5.3
Montgomery	3.8	3.4
Moore	3.0	1.7
Morgan	7.8	8.8
Obion	4.7	6.3
Overton	5.5	4.9
Perry	7.3	7.4
Pickett	5.3	3.8
Polk	5.8	4.4
Putnam	3.6	4.0
Rhea	7.5	5.7
Roane	5.0	5.1
Robertson	3.6	3.6
Rutherford	3.3	3.5
Scott	6.8	8.3
Sequatchie	5.8	4.0
Sevier	2.9	2.7
Shelby	4.0	4.2
Smith	3.9	3.0
Stewart	8.1	8.3
Sullivan	3.9	4.7
Sumner	3.4	2.6
Tipton	4.1	3.2
Trousdale	8.4	4.3
Unicoi	4.6	5.0
Union	5.4	3.0
Van Buren	4.2	4.5
Warren	5.4	4.7
Washington	3.2	3.7
Wayne	15.3	14.2
Weakley	7.6	7.9
White	4.3	4.2
Williamson	1.7	2.1
Wilson	3.2	2.7
Tennessee	4.3	4.2

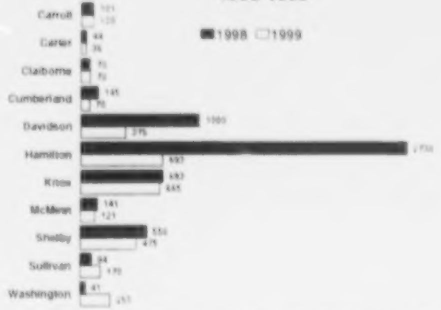
Source Tennessee Department of Labor and Work Force Development. Note Unemployed persons are all persons who had no employment during the reference week but were available for work except for temporary illness, and had made specific efforts to find employment some time during the four-week period ending with the reference week. Any person waiting to be recalled to a job from which he/she had been laid off need not have been looking for work to be classified as unemployed. The data in this report are for August 1998 and August 1999.

Housing

While the strong economy has led to a housing boom throughout the state, many Tennessee children and families have no home or live in inadequate or substandard housing. The fastest growing segment of the homeless population is families with children. All the while, the Tennessee Legislature continues to attempt to solve its budget woes by using surplus funds from Tennessee Housing Development Agency (THDA).

Homeless Children Served in Tennessee School Districts

1998-1999



Source: Tennessee Department of Education for Homeless Children

Although home ownership was at a record high of almost 67 percent in 1999, the cost of homes has skyrocketed. The average cost of a home in Tennessee rose to $113,318 in 1998, up more than 26 percent from 1994. Costs range from $32,100 in Lake County to $187,000 in Williamson County (THDA, 1999).

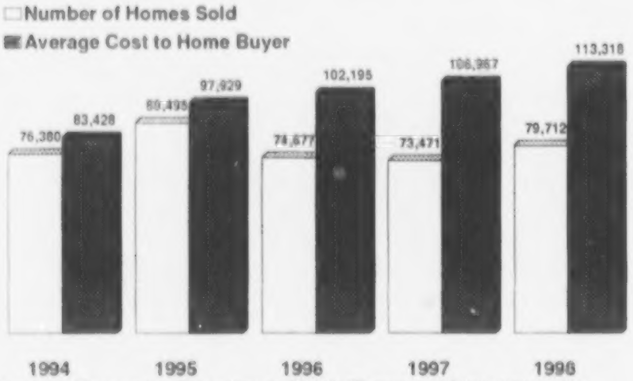
Home ownership has many benefits. Homeowners generally enjoy better living conditions than renters; accumulate wealth as their investment in their home grows; strengthen the economy by purchases of homes, furniture, and appliances; and tend to be more involved in promoting strong neighborhoods and good schools than renters (HUD, 2000).

Even though Tennessee is not among the least affordable housing areas in the country, fair market rents are still beyond the reach of many working families. The average fair market rent in Tennessee for a two-bedroom unit is $494 per month, unaffordable for 41 percent of renters. Fair market rents range from $626 to $352 dollars. The Housing Wage in Tennessee, the amount a worker would have to earn an hour and work no more than 40 hours per week in order to spend no more than 30 percent of income on housing is $9.50 an hour, 184 percent of the federal minimum wage. A worker earning only the minimum wage would have to work 74 hours per week in Tennessee in order to afford a two-bedroom unit at the fair market value. Working 40 hours per week, a minimum wage earner can afford a monthly rent of only $267. A three-person family receiving the maximum TANF grant can afford a monthly rent of only $70 (NLIHC, 1999).

In addition to the lack of affordable housing, other factors play a role in homelessness. Eroding work opportunities, stagnant or falling wages, and less secure jobs with

Average Tennessee Home Sales 1994-1998

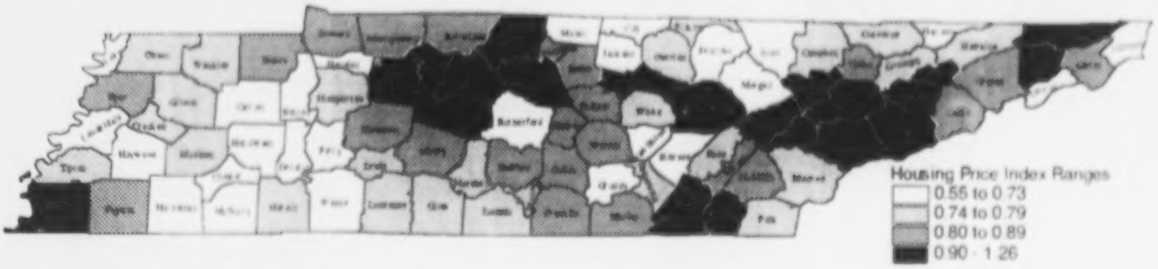
Average Cost to Home Buyer



Source: Economics Department, Middle Tennessee State University

Housing

Housing Price Index, 1998



County	Housing Price Index*
Anderson	0.93
Bedford	0.82
Benton	0.67
Bledsoe	0.72
Blount	0.97
Bradley	0.91
Campbell	0.79
Cannon	0.89
Carroll	0.73
Carter	0.80
Cheatham	1.02
Chester	0.73
Claiborne	0.75
Clay	0.63
Cocke	0.81
Coffee	0.82
Crockett	0.77
Cumberland	0.95
Davidson	1.26
Decatur	0.65
DeKalb	0.83
Dickson	0.98
Dyer	0.81
Fayette	0.87
Fentress	0.65
Franklin	0.83
Gibson	0.74
Giles	0.77
Grainger	0.74
Greene	0.89
Grundy	0.55
Hamblen	0.95
Hamilton	1.19

County	Housing Price Index*
Hancock	0.64
Hardeman	0.69
Hardin	0.77
Hawkins	0.79
Haywood	0.73
Henderson	0.72
Henry	0.86
Hickman	0.84
Houston	0.66
Humphreys	0.78
Jackson	0.72
Jefferson	0.96
Johnson	0.73
Knox	1.07
Lake	0.60
Lauderdale	0.68
Lawrence	0.74
Lewis	0.75
Lincoln	0.75
Loudon	1.12
Macon	0.71
Madison	0.78
Marion	0.86
Marshall	0.79
Maury	0.84
McMinn	0.80
McNairy	0.62
Meigs	0.82
Monroe	0.74
Montgomery	0.82
Moore	0.79
Morgan	0.69
Obion	0.77

County	Housing Price Index*
Overton	0.74
Perry	0.56
Pickett	0.77
Polk	0.76
Putnam	0.91
Rhea	0.74
Roane	0.95
Robertson	0.87
Rutherford	0.73
Scott	0.67
Sequatchie	0.77
Sevier	1.04
Shelby	1.02
Smith	0.89
Stewart	0.82
Sullivan	0.93
Sumner	0.92
Tipton	0.74
Trousdale	0.81
Unicoi	0.72
Union	0.84
Van Buren	0.61
Warren	0.81
Washington	0.93
Wayne	0.63
Weakley	0.77
White	0.79
Williamson	1.12
Wilson	0.90

Tennessee	1.00

Source: Middle Tennessee State University, Department of Economics

Note: *Houses of comparable quality cost more in counties with higher value than in counties with lower value. The state average is one.

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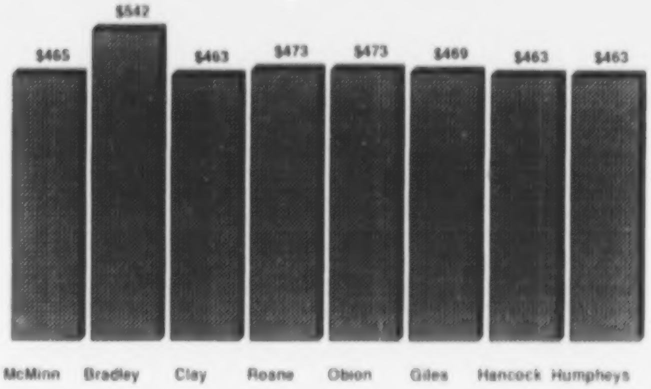
Housing

fewer benefits also contribute to homelessness, as do declines in public assistance and lack of affordable health care. In one study of 777 homeless parents, most of them women, 22 percent reported having left their home due to domestic violence (NCH). Homelessness can have a devastating impact on children.

Final Fair Market Rents for Non-Metropolitan Counties, 2000

Average Monthly Rental for Three Bedroom Apartment



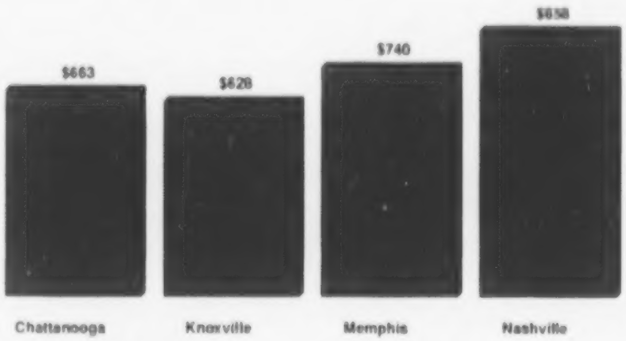
Source: The Federal Register of September 26, 1999 (Housing and Urban Development)

Homeless children have worse health; more developmental delays; more anxiety, depression, and behavioral disorders; and lower educational attainment. Homelessness and housing instability have an especially harmful impact on young children; unfortunately it is estimated that half of all homeless children are 5 years old or younger. School-age homeless children face barriers to enrolling and attending school, including transportation, residency requirements, inability to obtain previous school records, and lack of clothing and school supplies (NCH).

Although considered to be an urban problem, homelessness is not limited to the state's metropolitan areas. There are many homeless people living in rural areas. The rural homeless are more likely to live in a car or camper or with relatives in overcrowded, substandard conditions. Single mothers with children make up the largest group of homeless people in rural areas. Homelessness in rural areas is most pronounced in agricultural areas and areas whose economies are based on extractive industries such as mining, logging, or fishing. Housing is also an issue in regions experiencing rapid economic growth due to new industries, which attract more workers than jobs available, and areas near large urban centers that attract new businesses and higher income residents, thereby driving up taxes and living expenses (NCH).

Final Fair Market Rents for Metropolitan Areas, 2000

Average Monthly Rental For Three Bedroom Apartment



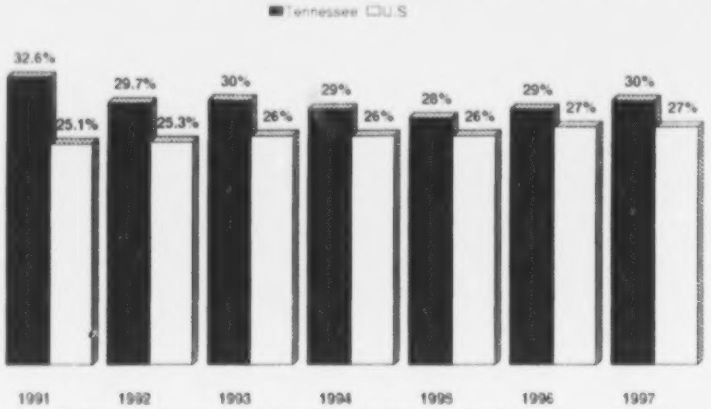
Source: The Federal Register of September 26, 1999 (HUD)

Habitat for Humanity has affiliates in 54 counties and has built more than 1,200 homes in Tennessee.

Single Parent Families

Percent of Families with Children Headed by a Single Parent

Seven-Year Comparison Between Tennessee and the U.S. Average



Source: The Annie E. Casey Foundation: 2000 Kids Count Data Book, *State Profiles of Child Well-Being*. Figures Shown Here Represent Three-Year Averages.

Tennessee ranks 42nd among all the states in the percentage of children who live in a single parent household. Almost one in three Tennessee children (32 percent) lives in single-parent households while the national average is 16 percent lower at 27 percent. This should not be surprising since Tennessee has the 10th highest teen birthrate and the 9th highest divorce rate in the United States.

Women head the overwhelming majority, more than 90 percent, of single-parent households. The poverty rate for single mothers in the United States is 47 percent. Single women are almost 100 percent more likely to live in poverty than single men are. Since the 1950s, due to delayed marriage, increasing divorce rates, and single motherhood, men have provided less income for women and children (Christopher, 2000). Only 37 percent of female-headed households in Tennessee receive child support or alimony (National KIDS COUNT, 2000). Additionally with the advent of welfare reform, single mothers are more dependent on earnings in the marketplace. Because women only make 72 percent of the wages men make for the same work, children in single-parent families are often low income or living in poverty (Institute for Women's Policy Research, 1998).

Median income is nearly three times higher in two-parent families than single-parent families (Acs, 1999). Nearly half of all single-mother households have incomes below the poverty line, and many more have incomes only modestly above that. While the booming economy, record low unemployment rates, and welfare reform have led many single parents into the work force, the increase in income is often offset by a loss of cash benefits (Primus, 1999). Single mothers living in poverty face particular challenges balancing work and family responsibilities. Because of lack of affordable child care, these women often must place their children in poor quality care. Additionally, if they rely on public transportation they often face a long and difficult trip getting from home to child care to work (Lerman, Schmidt, 1999). Welfare advocates, among others, have argued that one of the benefits of cash benefit programs, such as AFDC, prior to welfare reform, is that child-rearing creates a public good. Because of good parenting practices, employers can find disciplined and educated employees; people can find good friends, spouses and neighbors. Many European nations provide universal benefits to all parents to assist with the costs of raising children, with larger benefits for single mothers. Needless to say Temporary Assistance to Needy Families (TANF) is less generous (Christopher, 2000).

Families First

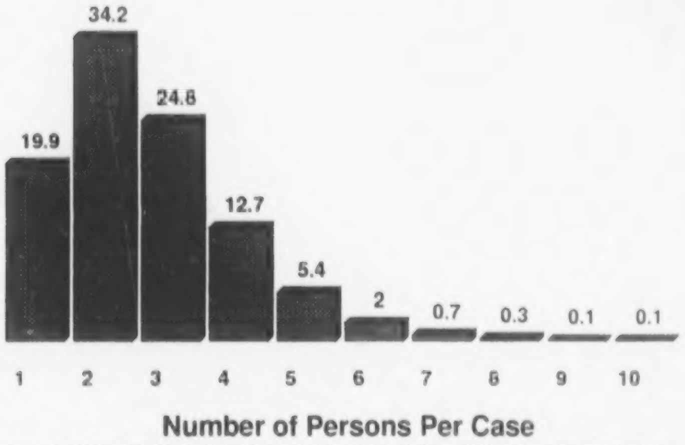
The decrease in participation of children in Tennessee's Families First Program in 1999 slowed dramatically when compared to previous years. In fiscal year 1998-1999 Families First had 57,007 families, representing 148,218 people, 108,069 or 73 percent of whom were children. Recent figures show that participation decreased by only 2,080 children from fiscal year 1997-1998, less than 2 percent, while the number of children participating in the program has decreased by almost 37 percent since fiscal year 1995-1996, the last full year of Aid to Families With Dependent Children (AFDC).

Although it would be easy to attribute this significant decrease to a robust economy and record low unemployment, other factors include changes in welfare policy, minimum wage increases, and expansion of the EITC (Earned Income Tax Credit) (Primus, 1999). Families First also provides transitional services while the participant is still receiving cash benefits and for 18 months after cash benefits cease. These services may include child care, TennCare, and Food Stamps. This prevents families from returning to the program by providing some support that helps them until their income becomes more stable since most participants qualify only for low-skill, low wage jobs. Support services, especially child care and transportation, were mentioned twice as frequently as time limits in influencing the decision to get a job (Venner, 1999).

Families First is the Tennessee Temporary Assistance to Needy Families (TANF) program that replaced AFDC, beginning in September 1996 as a waiver under the Personal Responsibility and Work Opportunity Reconciliation Act of 1996. The program provides temporary cash assistance, job training, education assistance, and child care assistance in order reduce the number of families receiving welfare and their dependence on cash benefits. Eligibility for Families First requires that children be dependent because of an absent, unemployed, incapacitated, or deceased parent.

The program requires a Personal Responsibility Plan and a Work Plan unless exempt from the work requirement. The Personal Responsibility Plan (PRP) requires teen mothers to stay in school and live at home; parents must ensure that children attend school and receive immunizations and health checks. Parents are also required to attend Life Skills Training. Custodial parents must assist in establishing paternity, and non-custodial parents can face legal action if not making regular child support payments.

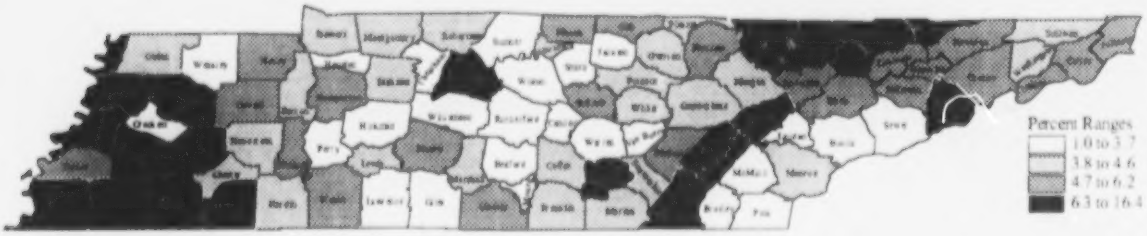
Percentage of Persons per Assistance Group (Case)
Survey Report 1997



Source: Center of Business And Economic Research, College of Business Administration, The University of Tennessee Knoxville

Families First

Number and Percent of Children Who Received Grant Payments During, Fiscal Year 1999



County	Families First Number*	Families First Percent**
Anderson	1,082	6.1
Bedford	280	3.1
Benton	163	4.3
Bledsoe	136	5.7
Blount	802	3.4
Bradley	555	2.8
Campbell	682	7.4
Cannon	101	3.3
Carroll	382	5.4
Carter	646	5.7
Cheatham	242	2.5
Chester	151	4.2
Claiborne	669	9.4
Clay	98	6.0
Cocke	529	7.1
Coffee	492	4.0
Crockett	126	3.6
Cumberland	433	4.6
Davidson	16,125	11.9
Decatur	125	5.3
DeKalb	199	5.6
Dickson	448	3.8
Dyer	714	7.3
Fayette	520	6.3
Fentress	234	6.1
Franklin	404	4.6
Gibson	758	6.3
Giles	189	2.6
Grainger	211	4.7
Greene	634	4.8
Grundy	302	8.5
Hamblen	704	5.4
Hamilton	6,788	9.2
Hancock	175	10.8
Hardeman	781	11.0
Hardin	266	4.2
Hawkins	699	6.2
Haywood	428	7.6
Henderson	227	4.0
Henry	385	5.8
Hickman	145	3.0
Houston	62	3.4
Humphreys	192	4.7
Jackson	75	3.7
Jefferson	428	4.8
Johnson	206	6.0
Knox	5,464	6.2
Lake	181	11.8
Lauderdale	579	8.3
Lawrence	363	3.4
Lewis	97	3.8
Lincoln	416	5.4
Loudon	233	2.6
Macon	237	5.2
Madison	1,975	8.4
Marion	311	4.5
Marshall	267	4.0
Maury	889	4.8
McMinn	412	3.7
McNairy	380	6.6
Meigs	139	6.6
Monroe	323	3.9
Montgomery	1,464	4.3
Moore	26	2.1
Morgan	185	4.1
Obion	322	4.2
Overton	178	4.1
Perry	47	2.7
Pickett	41	3.9
Polk	96	3.1
Putnam	568	4.0
Rhea	570	8.6
Roane	698	6.3
Robertson	569	3.9
Rutherford	1,378	3.1
Scott	513	9.4
Sequatchie	117	4.5
Sevier	420	2.8
Shelby	42,147	16.4
Smith	139	3.5
Stewart	110	4.4
Sullivan	1,420	4.2
Sumner	805	2.5
Tipton	737	5.1
Trousdale	63	4.0
Unicoi	172	5.0
Union	259	6.4
Van Buren	38	3.4
Warren	314	3.5
Washington	976	4.4
Wayne	257	6.2
Weakley	231	2.9
White	207	3.9
Williamson	293	1.0
Wilson	450	2.0
Tennessee	108,069	7.8

Source: Tennessee Department of Human Services

* Fiscal year ends June 30 of the year. ** This is based on 1999 population younger than 18

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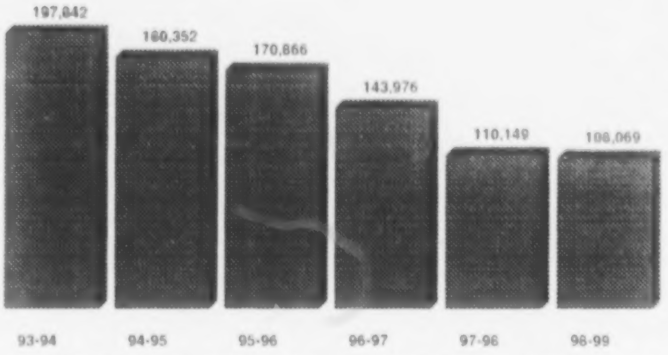
Families First

**Families First Assistance Groups, Total Number of Children Enrolled
Fiscal Year 1993-94, through Fiscal Year 1998-99**



Source: Tennessee Department of Human Services. Note: This program was called Aid To Families With Dependent Children (AFDC) prior to 1997.

Assistance payments do not increase if family size increases during the enrollment period that is limited to 18 months at a time, with a five-year lifetime limit. Sanctions are imposed on those who fail to meet their goals on the PRP or Work Plan.

More than 95 percent of assistance groups receive benefits due to absent parents, according to the *Families First 1997 Case Characteristics Study*. Only 13.7 percent of these families receive child support from the absent parent. For those who do receive child support, the monthly child support payment increased from an average of $157 in 1995 to $218 in 1997. The average family receiving benefits has 2.6 family members; 76.2 percent have 2 children or less. The average age of the children in the Families First program is 7 years of age. More than 90 percent of school age children are enrolled and attending school and more than 99 percent have up-to-date immunizations.

In more than 95 percent of assistance groups the caretaker is a female, with almost 83 percent being the children's mother; one half of the mothers have never been married. The average age of the caretaker is 34 years of age, two years older than in 1995. More than 53 percent have a high school diploma or GED. Although one third of caretakers are employed at any given time, 74.4 percent held a job during the 12 months prior to the survey. Less than 35 percent had access to an automobile.

The average grant to each assistance group has decreased since 1995 from $157 to $148. The maximum monthly grant to a family of three is $185, the same as under AFDC. The grant amount has not changed since 1991, when it was lowered from $195. Tennessee ranked 47th among the 50 states in average grant amount in 1996. Overall expenditures for benefit payments have decreased 33 percent since fiscal year 1996-1997. However, in July 1999, there was a grant increase from $185 per month to $232 a month for families of three headed by a single parent who is disabled or by a non-parent relative. This was the first grant increase in more than 10 years.

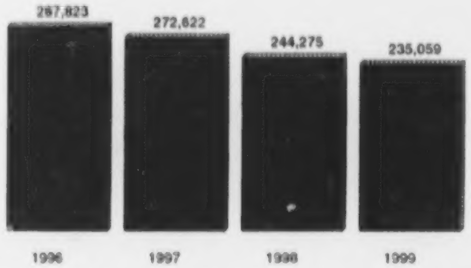
Food Stamps

The number of participants in the Food Stamp program in Tennessee declined for the fifth consecutive year, with 516,030 people receiving food coupons in fiscal year 1999. This figure represents a reduction of almost 31 percent from fiscal year 1994 when the program was at an all time high of 751,874.

According to the U.S. Department of Agriculture (USDA), in the United States, more than one half of the those persons receiving food stamps are children, and 91 percent of all participants live at or below the poverty level, with 38 percent at one half of the poverty level (Castner, 1999).

Number of Children in Tennessee Who Received Food Stamps

Monthly Average, FY 1996-1999



Source: Tennessee Department of Human Services

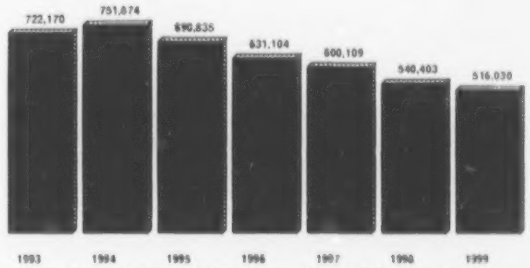
The average household size of those receiving Food Stamps in Tennessee was 2.4 persons. The average monthly benefit of those households is $156 or 72 cents per meal per person. The benefit is based on the USDA's Thrifty Food Plan that is an annually updated estimate of the monthly cost to provide a family of four an adequate diet. A family is expected to spend one third of its monthly income on food. The benefit a household receives is equal to the maximum benefit adjusted for household size less 30 percent of the household monthly income (Castner, 1999).

Yet many more that might be eligible do not participate. Only 30 to 40 percent of families eligible to participate choose to. Reasons for not participating include expectations of increased income, social stigma associated with use of Food Stamps, administrative difficulties, and lack of knowledge of eligibility (Zedlewski, 1999).

A report by the Department of Agriculture's Food and Nutrition Service found that nationally 10.2 percent of households (Bickel, 1999), and in Tennessee 10.9 percent (Brasher, 1999) of households were considered to be food insecure, meaning that they did not have access to enough food to meet their basic daily needs. Households with children were twice as likely as childless households to be food insecure and as many as 19.7 percent of all children lived in food insecure homes (Bickel, 1999). HUD estimated that requests for emergency food assistance increased by 14 percent in 1998. About two thirds of those requests came from children or their parents, and about one third were employed (Cuomo, 1999). Still many welfare critics deny hunger exists.

Tennessee Food Stamp Recipients

Fiscal Year 1993-1999 (monthly average)

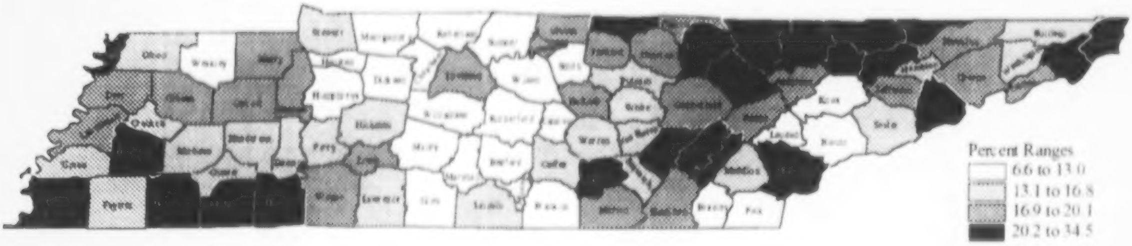


Source: Tennessee Department of Human Services. *Based on fiscal year July1 to June 30

One of the myths that have been perpetuated about Food Stamps beneficiaries is that they make wasteful use of their coupons. Though there may be some negative opinions of the purchases made in the grocery store by some Food Stamp participants, a study done by Mathematica Policy Research, Inc., concluded that program participants spend their food dollars more wisely than the average family (Basiotis, 1998).

Food Stamps

Number and Percent of Children Receiving Food Stamps, FY 1998-99



County	Recipients	
	Number	Percent*
Anderson	3,333	18.8
Bedford	887	9.9
Benton	728	19.3
Bledsoe	541	22.5
Blount	3,019	13.0
Bradley	2,419	12.2
Campbell	2,662	29.0
Cannon	395	12.8
Carroll	1,197	16.9
Carter	2,372	20.8
Cheatham	649	6.6
Chester	479	13.3
Claiborne	1,967	27.5
Clay	360	22.1
Cocke	2,233	30.1
Coffee	1,644	13.4
Crockett	491	14.2
Cumberland	1,754	18.7
Davidson	23,906	17.6
Decatur	372	15.7
DeKalb	682	19.2
Dickson	1,313	11.2
Dyer	1,750	17.9
Fayette	1,207	14.7
Fentress	1,122	29.0
Franklin	1,076	12.2
Gibson	2,140	17.9
Giles	833	11.3
Grainger	916	20.2
Greene	2,287	17.3
Grundy	1,067	30.1
Hamblen	2,030	15.6
Hamilton	12,824	17.5
Hancock	512	31.5
Hardeman	1,672	23.6
Hardin	1,325	20.8
Hawkins	2,253	19.9
Haywood	1,336	23.8
Henderson	949	16.8
Henry	1,153	17.5
Hickman	700	14.7
Houston	216	11.9
Humphreys	509	12.5
Jackson	399	19.6
Jefferson	1,617	18.2
Johnson	890	26.1
Knox	11,299	12.8
Lake	426	27.7
Lauderdale	1,249	18.0
Lawrence	1,650	15.4
Lewis	519	20.1
Lincoln	1,067	14.0
Loudon	927	10.4
Macon	770	16.9
Madison	3,582	15.3
Marion	1,225	17.7
Marshall	793	11.7
Maury	2,213	11.8
McMinn	1,503	13.5
McNairy	1,543	27.0
Meigs	729	34.5
Monroe	1,853	22.2
Montgomery	3,190	9.3
Moore	128	10.3
Morgan	1,069	23.8
Obion	1,169	15.3
Overton	819	18.9
Perry	296	16.8
Pickett	193	18.6
Polk	395	12.6
Putnam	1,994	13.9
Rhea	1,448	21.8
Roane	2,070	18.7
Robertson	1,378	9.5
Rutherford	3,260	7.2
Scott	1,742	32.0
Sequatchie	421	16.3
Sevier	2,346	15.9
Shelby	63,084	24.6
Smith	522	13.0
Stewart	410	16.5
Sullivan	5,480	16.3
Sumner	2,659	8.3
Tipton	2,115	14.6
Trousdale	266	17.1
Unicoi	662	19.3
Union	1,013	24.9
Van Buren	180	15.9
Warren	1,318	14.8
Washington	3,008	13.5
Wayne	783	18.9
Weakley	974	12.1
White	822	15.4
Williamson	2,820	9.2
Wilson	1,491	6.6
Tennessee	235,059	17.0

Source: Tennessee Department of Human Services

Note: *Percent is based on 1999 population estimates for persons younger than 18.

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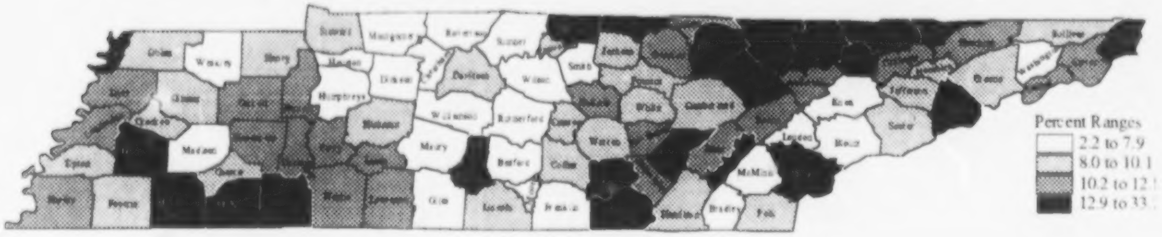
Food Stamps

Number and Percent of Population Receiving Food Stamps, FY 1998-99



County	Recipients	
	Number	Percent*
Anderson	7,973	10.8
Bedford	2,053	5.9
Benton	1,887	11.4
Bledsoe	1,475	13.8
Blount	7,400	7.3
Bradley	5,928	7.2
Campbell	6,969	18.1
Cannon	992	8.2
Carroll	3,100	10.4
Carter	6,081	11.1
Cheatham	1,422	4.2
Chester	1,163	8.0
Claiborne	4,943	16.6
Clay	1,133	15.0
Cocke	5,786	17.8
Coffee	3,686	8.0
Crockett	1,227	8.7
Cumberland	4,006	9.2
Davidson	45,797	8.3
Decatur	1,128	10.2
DeKalb	1,713	10.7
Dickson	2,906	7.1
Dyer	4,208	11.3
Fayette	2,694	9.2
Fentress	3,205	19.8
Franklin	2,600	6.8
Gibson	4,955	10.1
Giles	2,114	7.2
Grainger	2,411	12.2
Greene	6,084	10.1
Grundy	2,853	20.0
Hamblen	4,743	8.6
Hamilton	27,169	8.9
Hancock	1,489	21.0
Hardeman	3,748	15.0
Hardin	3,621	14.3
Hawkins	5,631	11.3
Haywood	3,323	16.3
Henderson	2,552	10.6
Henry	2,799	9.1
Hickman	1,674	8.4
Houston	570	7.1
Humphreys	1,247	7.3
Jackson	977	10.1
Jefferson	3,886	9.4
Johnson	2,587	15.2
Knox	25,109	6.7
Lake	1,144	13.3
Lauderdale	3,124	12.6
Lawrence	4,208	10.5
Lewis	1,396	12.8
Lincoln	2,931	9.9
Loudon	2,284	6.0
Macon	2,875	16.1
Madison	1,925	2.2
Marion	5,533	20.2
Marshall	3,796	14.6
Maury	3,284	4.8
McMinn	1,974	4.2
McNairy	8,105	33.2
Meigs	1,512	15.8
Monroe	4,726	13.8
Montgomery	8,014	6.4
Moore	313	5.8
Morgan	3,020	16.0
Obion	2,880	8.7
Overton	2,410	12.5
Perry	759	10.2
Pickett	546	11.4
Polk	1,196	8.0
Putnam	4,864	8.1
Rhea	3,585	12.8
Roane	5,334	10.4
Robertson	3,161	6.2
Rutherford	6,625	4.2
Scott	4,867	24.1
Sequatchie	1,102	10.7
Sevier	5,585	8.8
Shelby	113,460	12.7
Smith	1,279	7.9
Stewart	1,090	9.6
Sullivan	13,367	8.7
Sumner	5,856	4.7
Tipton	4,407	9.5
Trousdale	676	10.0
Unicoi	1,970	11.2
Union	2,314	14.5
Van Buren	577	11.1
Warren	3,378	9.2
Washington	7,197	7.0
Wayne	2,117	12.6
Weakley	2,424	7.2
White	1,995	8.9
Williamson	6,467	5.9
Wilson	3,373	4.1

Tennessee	516,030	9.4

Source: Tennessee Department of Human Services

Note: * Percent is based on 1999 population estimates.

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Tax Burden

This section is intended to show the tax burden for a "hypothetical" family of four in Tennessee. It is assumed that the family is a husband-and-wife family with two school-age children. The tax burden for such a family is the amount of tax paid divided by the family income. The importance of the tax burden measure is that it measures the progressiveness or regressiveness of a state tax system and measures the share of tax paid by different family-income groups under a specific condition (Wyatt, 1999).

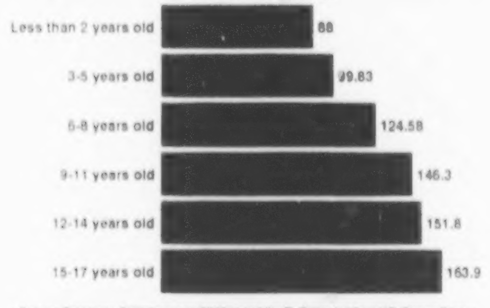
All tax burdens reflect the jurisdiction's state and local tax rates, according to a 1999 report from the District of Columbia government. The report compares the tax burden for a family of four in 51 U.S cities, including the District of Columbia, and selecting the largest city in each state. Memphis is the only Tennessee city in the report. Four major taxes, general sales and use tax, individual income tax, real property tax on residential property, and automobile taxes (adding up gasoline tax, registration fees, excise tax and personal property tax), were compared across five income levels: $25,000, $50,000, $75,000, $100,000, and $150,000. Memphis's tax burdens (6.0 percent, 4.9 percent, 5.3 percent, 5.2 percent, and 5.1 percent for the respective income levels) were ranked 42nd, 46th, 47th, 46th, and 46th in comparison to other U.S. cities.

What Works

- Sales tax exemption on grocery food would benefit every Tennessean, especially working families with children who do not receive public assistance.
- The D.C. Government report listed the exemption of groceries and the taxation of certain services among other factors that could reduce the regressivity of sales tax.
- Nationally, 31 states, plus the District of Columbia, have partial or full sales tax exemptions on grocery food. In the Southeastern United States, Tennessee is one of the six states that fully tax grocery food (FTA, 2000).

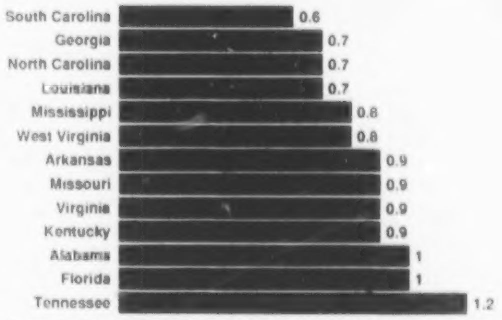
Tennessee has no statewide property tax or individual income tax based on wages and salary. There are, however, a statewide income tax based on dividend and interest earnings, locally imposed property taxes, and a combined state and local sales tax, which differs because the local sales tax rate

Tennessee Sales Tax on Food Expenditures, Per Child - Per Year, in Husband-Wife Families
In Dollars for 1998



Source: Tennessee Commission on Children and Youth, Computed from U.S. Census Bureau Statistical Abstract of the United State, 1999, Table 737.
Note: Estimates are based on average food-at-home expenditures at an 8.25% sales tax rate.

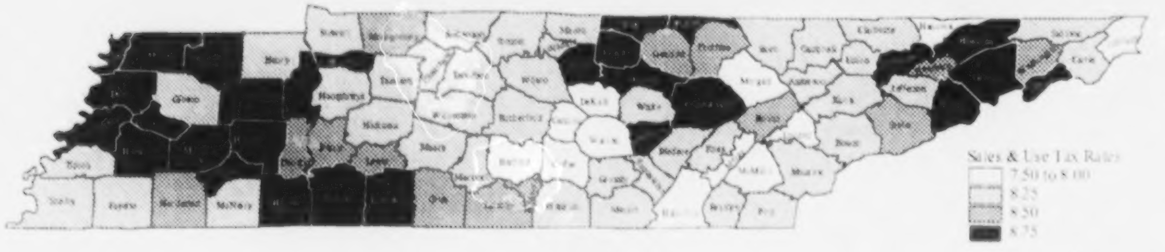
Progressivity-Regressivity Index
1999



Source: Tax Rates and Tax Burdens in the District of Columbia, A Nation-wide Comparison, 1999

Tax Burden

Tennessee Sales and Use Taxes Per Capita and Tax Rate, Fiscal Year 1998-99



County	Sales and Use Tax	
	Per Capita ($)	Rate*
Anderson	815.57	8.25
Bedford	651.94	7.75
Benton	572.85	8.75
Bledsoe	315.01	8.25
Blount	883.31	8.25
Bradley	826.79	8.25
Campbell	542.06	8.25
Cannon	287.56	7.75
Carroll	418.61	8.75
Carter	459.60	8.25
Cheatham	377.92	8.25
Chester	522.84	8.75
Claiborne	357.30	8.25
Clay	363.52	8.75
Cocke	590.34	8.75
Coffee	1,013.08	8.00
Crockett	313.94	8.75
Cumberland	887.35	8.75
Davidson	1,614.13	8.25
Decatur	636.81	8.50
DeKalb	498.36	7.50
Dickson	909.10	8.25
Dyer	865.21	8.75
Fayette	311.48	8.25
Fentress	455.69	8.50
Franklin	553.26	8.25
Gibson	584.44	8.25
Giles	587.72	8.50
Grainger	284.35	8.75
Greene	654.96	8.75
Grundy	272.79	8.25
Hamblen	1,060.40	8.50
Hamilton	1,097.59	7.75
Hancock	186.41	8.00
Hardeman	435.04	8.50
Hardin	653.58	8.75
Hawkins	418.14	8.75
Haywood	494.78	8.75
Henderson	702.71	8.75
Henry	821.65	8.25
Hickman	304.56	8.25
Houston	292.41	8.75
Humphreys	568.49	8.25
Jackson	247.95	8.75
Jefferson	526.72	8.25
Johnson	316.74	7.50
Knox	1,291.26	8.25
Lake	249.30	8.75
Lauderdale	481.14	8.75
Lawrence	659.11	8.75
Lewis	463.14	8.50
Lincoln	618.31	8.50
Loudon	673.88	8.00
Macon	1,503.00	8.25
Madison	569.89	8.75
Marion	423.46	8.25
Marshall	3,314.80	8.25
Maury	438.85	8.25
McMinn	438.87	8.00
McNairy	1,756.22	8.25
Meigs	430.18	8.00
Monroe	596.18	8.25
Montgomery	828.32	8.50
Moore	222.09	8.50
Morgan	181.62	8.00
Obion	766.16	8.75
Overton	413.66	8.50
Perry	345.81	8.50
Pickett	440.81	8.75
Polk	308.37	8.25
Putnam	1,082.59	8.75
Rhea	488.72	8.25
Roane	779.89	8.50
Robertson	595.82	8.25
Rutherford	970.60	8.25
Scott	484.54	8.25
Sequatchie	485.83	8.25
Sevier	2,226.65	8.50
Shelby	1,052.70	8.25
Smith	554.10	8.75
Stewart	361.74	8.25
Sullivan	1,023.23	8.25
Sumner	571.14	8.25
Tipton	462.78	8.25
Trousdale	345.86	8.25
Unicoi	358.58	8.75
Union	245.55	8.25
Van Buren	235.56	8.75
Warren	717.76	8.00
Washington	1,073.73	8.50
Wayne	306.28	8.75
Weakley	518.49	8.75
White	573.96	8.25
Williamson	1,424.04	8.25
Wilson	726.37	8.25
Tennessee**	1,037.78	8.25

Source: Tennessee Department of Revenue, Revenue Collections, June 1999.

Notes: Per capita figures equal sales and use tax collection divided by population estimates for 1999. *Rate data as of May 1, 2000. **Rate equals state rate (6%) plus average local sales tax rate (2.25%). Businesses contribute 20 to 40% of sales and use tax collections. Out-of-state sales tax collections amount to about 9.1% of the 1999 sales and use tax collections.

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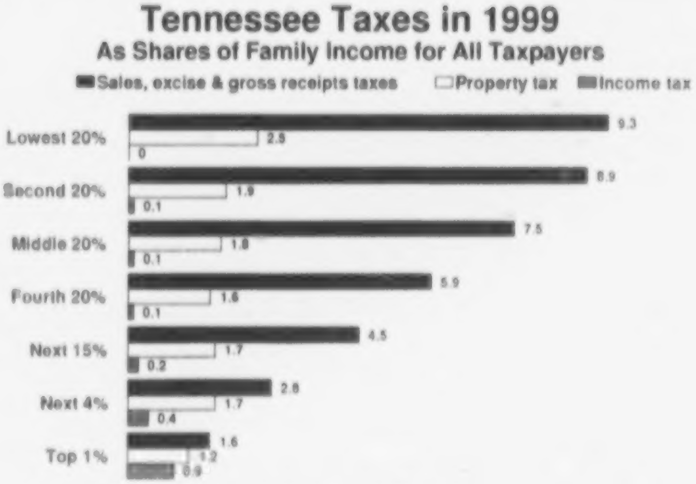
Tax Burden

varies, ranging from 1 to 2.75 percent. The tax burden for a family of four in Memphis may not be the same for a like family in other Tennessee counties. The most common combined state and local sales tax rate in Tennessee is 8.25 percent, which includes a 6 percent state sales tax rate.



Source: Budget Alert, Council of Community Services, May 2000

The D.C. report supports two facts: 1) Tennessee has one of the lowest tax burdens in the country, and 2) it has the most regressive tax system in the Southeastern United States. A progressivity-regressivity index is used to compare among states the percentage of tax burden for a low-income family with the percentage of tax burden for highest income family (Wyatt, 1999). An index of one implies the tax burden is proportionally shared between a low-income family and the high-income family. When the index is less than one, it implies that the state tax system is progressive; when the index is greater than one, the tax system is regressive. With an index of approximately 1.2, Tennessee's tax system is regressive, indicating that Tennessee's low-income families pay a larger percent of their income in taxes than high-income families in the state.

For a low-income family of four, sales tax paid is a major tax burden. According to the D.C. report, sales tax represents approximately 51 percent of the average family state tax burden; property tax represents 40 percent; auto tax, 6 percent; and the Hall income tax, 3 percent.

Based on 1998 Annual Expenditures Per Child figures (U.S. Statistical Abstract, 1999), families with income less than $36,000 spend approximately $1,830 per 2-year-old child ($3,140 per 14-year-old) on food, clothing, and miscellaneous expenses, including personal items, entertainment, and reading materials. Food expenditure (46.5 percent) represents the largest portion of these expenditures subject to sales tax, clothing accounts for 21.3 percent, and miscellaneous expenses, 32.2 percent. Housing, transportation, and child care and education expenditures are currently not subject to sales tax.

Nationally, average food expenditure per child for families with annual incomes less than $60,000 ranges from $1,067 for a child younger than 2 years old to $1,987 for a 17-year-old (U.S. Statistical Abstract, 1999). Based on these figures, and after applying an 8.25 percent sales tax rate, the estimated sales tax burden for the family on their food expenditure per child ranged from $88 to $163.90 in 1998.

Income and Poverty

As Tennessee continued to ride the wave of the longest economic expansion in U.S. history, in 1998 there was a significant decrease in the number of children living below the poverty level for the first time in almost two decades. This decrease is directly attributable to continued record low unemployment. Although, lower than any year since 1980, historically the child poverty rate is still higher than in the late 1960s and the entire decade of the 1970s. If child poverty rates remain this high during strong economic periods, what will happen when the current economic expansion ends (Greenstein, et al, 1999)?

"Despite a modest reduction in the number of poor children during 1997, there was no lessening in the severity or depth of child poverty. The child poverty gap, which many analysts consider the single best measure of child poverty, is the total amount by which the incomes of all poor children fall below the poverty line. In 1995 and 1997, the incomes of all poor children fell below the poverty line by a total of $17 billion dollars after means tested benefits" (Medicaid, TANF, Food Stamps) (Primus, 1999). Young children under age 3 are more likely to be poor than any other age group. Forty-four percent of children under age 3 live in poverty (NCCP, 1997).

What Works

Tax reform. Tennessee's sales tax places a greater share of the tax burden on poor and low income families, not only because it is so high (up to 8.75 percent); but the full rate is also placed on groceries, meaning infants and children are taxed on necessities at the same rate as wealthy or working adults.

Minimum Wage. At $5.15 an hour the federal minimum wage is lower than it was any year between 1961 and 1984 after adjusting for inflation. The purchasing power of the minimum wage is 18 percent below its average value during the late 1970s.

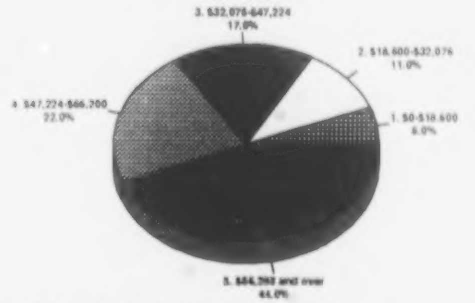
Unemployment Insurance. While around 5 percent of the state's population was unemployed in 1996, only 2 percent of the unemployed were covered by unemployment insurance. Expanded coverage could prevent poverty for those laid off or in seasonal occupations such as agriculture or tourism.

Income Support Programs. The maximum monthly grant Tennessee pays to those citizens participating in the TANF program is only $185 for a family of three.

Per capita income rose by 4 percent in 1998 to $23,615 from $22,699 in 1997. However, Tennessean's per capita income is only 89 percent of the national average. The U.S. Census Bureau reported that the average median income in Tennessee for the years 1996 to 1998 was $32,397, which ranked Tennessee 41st among the 50 states in median income. Tennessee's per capita income ranked 34th. The difference between the state's ranking in these two income figures is because the top fifth of the population (those making more than $66,200) make 44 percent of all income. However, the poorest Tennesseans are making some gains, as the Center on Budget and Policy Priorities identifies Tennessee as one of only three states where the gap in income between the poorest fifth and the

Share of Income Held by Each Income Fifth In Tennessee

Late 1990s



Source: Economic Policy Institute/Center on Budget Priorities

Income and Poverty

richest fifth actually narrowed. Tennessee ranked 27th in income equality between the richest fifth and poorest fifth (Bernstein, McNichol, Mishel, Zahradnik, 2000).

A child living in a family in Tennessee during 1997:

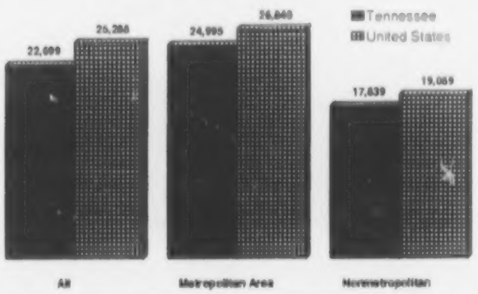
- Had a 39 percent better chance of having health insurance than a child living anywhere else in the country.
- Had an 8 percent better chance of having a parent who had full-time, year-round employment than a child living in the rest of the country.
- Is growing up in a family with at least a 22 percent lower income than a child growing up in the rest of the country.
- Had a 7 percent greater risk of scoring below the basic reading level in the fourth grade than a child growing up in the rest of the country.
- Had a 10 percent greater chance of growing up in a family headed by a single parent than a child growing up in the rest of the country.

However, child poverty continues to be viewed as a poverty of values by many, with the belief that the problems associated with child poverty are more a result of idleness, poor parenting, single-parenthood, race, or low IQ and education. As reported in *Poverty Matters* from the Children's Defense Fund, studies by Susan Mayer, Greg Duncan and Jeanne Brooks-Gunn, Eugene Lewitt, and others have found that poverty has a significant effect on the cognitive, emotional, and physical health and development of young children that cannot be accounted for by other factors (Sherman, 1997). Contrary to popular opinion, 80 percent of poor families have at least one family member who is a full-time, year-round worker (Fitzpatrick, Lazere, 1999). Although the strong economy continues to create jobs, many of the jobs available are low-skill, low-wage jobs that do not provide a salary above the poverty threshold.

The table above demonstrates the high price children pay when they live in poverty in terms of their health and education. The Children's Defense Fund's estimates that the projected economic cost each year of 14.5 million American children living in poverty is $130 billion in future lost productivity and wages. So not only do poor children pay, we all pay, in higher consumer and business expenditures, and in lost economic opportunities. We also pay higher taxes, as this figure does not include the "added cost of repeated years of schooling, special education, chronic health expenditures, or crime." Nor do these estimates include the tragic loss of human and economic potential associated with deaths resulting from childhood poverty or the multigenerational effects of poverty that threaten to erode the income, education, and health of the next generation of parents, and so shape the childhoods of their own children. Conversely, it is estimated that the cost to bring those families incomes up to the poverty line in 1996 would have been $39 billion (Sherman, 1997).

Per Capita Income, 1997

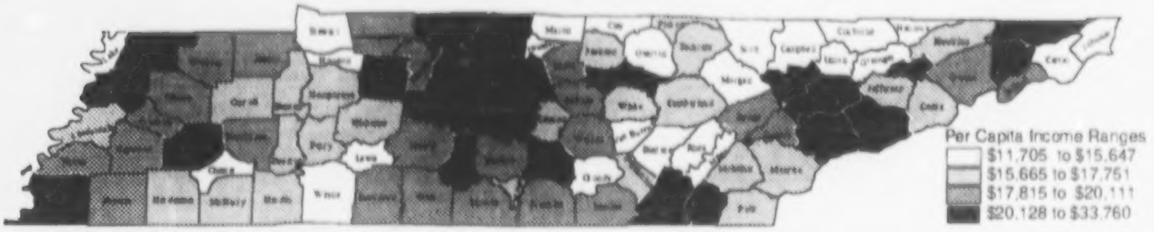
Comparison of Tennessee with U.S.



Source: Per capita personal income was computed using Census Bureau mid-year population estimates. Estimates for 1993-1997 reflect population estimates available as of March 1998.

Income and Poverty

Per Capita Personal Income by County, 1997



County	Per Capita Income* In Dollar
Anderson	22,130
Bedford	19,130
Benton	17,070
Bledsoe	14,114
Blount	20,128
Bradley	22,088
Campbell	15,313
Cannon	17,751
Carroll	17,570
Carter	15,482
Cheatham	19,333
Chester	15,639
Claiborne	15,587
Clay	15,122
Cocke	15,703
Coffee	20,388
Crockett	18,727
Cumberland	17,183
Davidson	30,723
Decatur	17,601
DeKalb	19,181
Dickson	20,329
Dyer	20,178
Fayette	20,016
Fentress	16,213
Franklin	18,420
Gibson	19,487
Giles	19,526
Grainger	14,941
Greene	17,841
Grundy	15,145
Hamblen	20,743
Hamilton	26,105

County	Per Capita Income* In Dollar
Hancock	12,563
Hardeman	15,665
Hardin	16,933
Hawkins	17,210
Haywood	17,825
Henderson	18,897
Henry	19,445
Hickman	16,400
Houston	13,971
Humphreys	17,060
Jackson	16,055
Jefferson	16,276
Johnson	12,447
Knox	24,688
Lake	11,705
Lauderdale	16,888
Lawrence	18,207
Lewis	14,627
Lincoln	17,815
Loudon	20,111
Macon	15,400
Madison	23,069
Marion	18,327
Marshall	20,405
Maury	19,304
McMinn	17,512
McNairy	17,026
Meigs	14,512
Monroe	16,187
Montgomery	18,779
Moore	16,887
Morgan	12,965
Obion	20,816

County	Per Capita Income* In Dollar
Overton	15,102
Perry	17,729
Pickett	15,755
Polk	17,098
Putnam	20,364
Rhea	15,647
Roane	19,564
Robertson	20,783
Rutherford	22,762
Scott	14,287
Sequatchie	16,486
Sevier	20,264
Shelby	27,300
Smith	18,843
Stewart	15,073
Sullivan	22,133
Sumner	22,823
Tipton	17,925
Trousdale	15,243
Unicoi	18,208
Union	13,436
Van Buren	13,610
Warren	19,386
Washington	21,637
Wayne	13,578
Weakley	17,977
White	16,092
Williamson	33,760
Wilson	22,909

Tennessee	22,699

Source: U.S. Census Bureau, Bureau of Economic Analysis. Prepared by the Center for Business and Economic Research, the University of Tennessee.

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Income and Poverty

Negative Outcomes for Children in Poverty by Family Income At Or Below Poverty Level

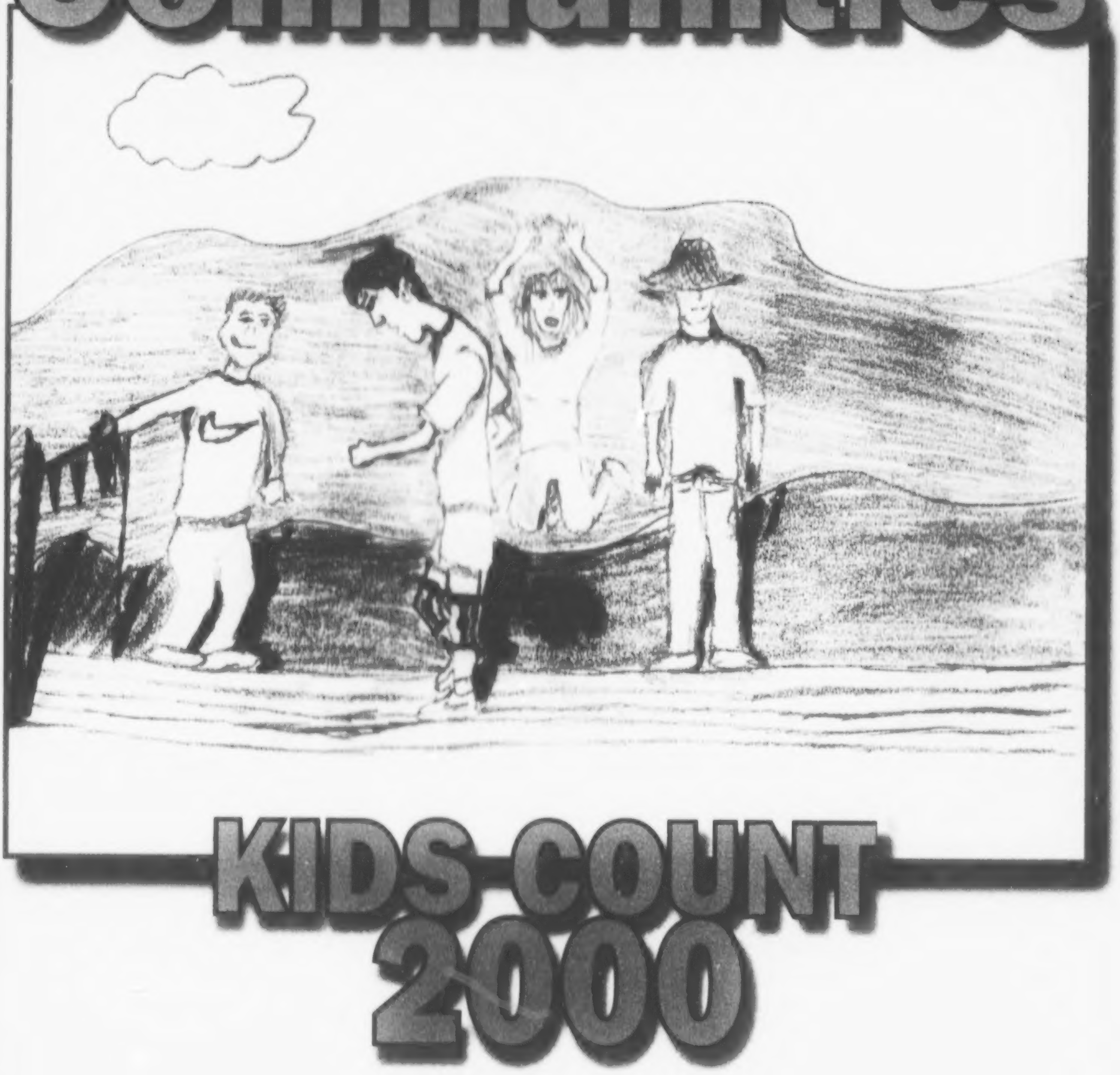
Health

Death in childhood	1.5 to 3 times more likely
Stunted growth	2.7 times more likely
Iron deficiency as preschoolers	3 to 4 times more likely
Partly or completely deaf	1.5 to 2 times more likely
Partly or completely blind	1.2 to 1.8 times more likely
Serious physical or mental disabilities	About 2 times more likely
Fatal accidental injury	2 to 3 times more likely
Pneumonia	1.6 times more likely

Education

Average IQ points at age 5	9 tests points lower
Average achievement scores for ages 3 and older	11 to 25 percentiles lower
Learning disabilities	1.3 times more likely
In special education	2 or 3 percentage points more likely
Below usual grade for child's age	2 percentage points more likely for each year of childhood spent in poverty
Dropping out from ages 16 to 24	2 times more likely than middle-income

Healthy Communities



KIDS COUNT 2000

Domestic Violence

Effective July 1, 1993, law enforcement agencies in Tennessee were required to report domestic violence cases investigated on or after January 1, 1994. TCA 36-3-619 contains provisions for law enforcement officers to follow when responding to a domestic violence call. Subsection (f) requires that an officer's supervisor forward domestic violence data to the administrative director of the courts (AOC) on a monthly basis. Log sheets were developed by AOC staff with input from law enforcement officials and distributed to law enforcement agencies in December of 1993.

Although there has been a slight increase in the number of law enforcement agencies across the state that are reporting, failure to comply has been a major problem. For the fiscal year 1996-97, only 52 percent of all law enforcement agencies required to report (sheriff and police departments) submitted information. In addition, victim information is not available for some jurisdictions (Annual Report of the Tennessee Judiciary 1996-97).

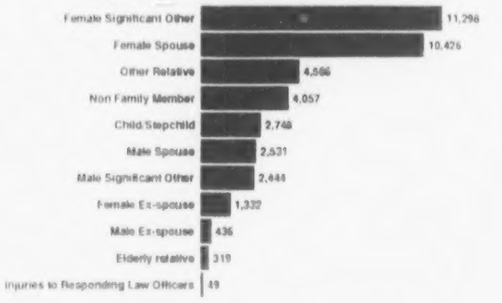
The increase in statewide reporting is primarily attributed to the implementation of a new reporting system called the Tennessee Incident Based Reporting System (TIBRS) that addresses crime incidents and all elements associated with the specific crime. Incident-based reporting systems are also being implemented in other states as the preferred method for capturing domestic violence data.

What Works

- Community shelters that offer refuge from the violence to support the family in transition, working in collaboration with other community resources for referral and support services.
- Development of programs that build supports for the child with a competent adult. The most important protective resource to enable a child to cope with exposure to violence is a strong relationship with a competent adult.
- Schools and community centers that provide opportunities for children to benefit from the support of peers, which has been shown to be instrumental in reducing anxiety among children exposed to violence.
- Community supports to help children and families feel less isolated and overwhelmed, and more able to cope with the chronic violence in their lives.

Domestic Violence in Tennessee

Number of Victim Occurrences by Type



Source: Annual Report of the Tennessee Judiciary FY 1996-1997

Nationally researchers estimate that 3.3 to 10 million children per year are exposed to domestic violence. The wide range of estimates is due to the nature of current data collection forms and the failure of the forms to indicate the sex and relationship of the victims to the perpetrators. The lack of accurate data creates issues for policy makers related to the formulation of public policy about domestic violence and victim services. It is difficult to make accurate service-need projections on both the state and local level if there is no reliable data as a basis for projection.

Domestic Violence

In any terms, 3.3 to 10 million children represent a substantial portion of our children. The implications for those children and their needs require close monitoring to assess the intervention strategies and long range social impact.

Tennessee Domestic Violence by Type of Offense

Statewide Summary Fiscal Year 1996-97

	Assaults	Homicides	Child Abuse	Sexual Offense	Violation Order of Protection
Number of Incidents	37,127	70	1,401	1,045	645
Arrests made	12,134	56	173	188	267

Annual Report of the Tennessee Judiciary, 1996-97

The definition of domestic violence today is focused on adult intimate partners manifested in these characteristics:

- Physical behavior, such as slapping, punching, pulling hair, or shoving;
- Forced or coerced sexual acts or behavior, such as unwanted fondling or intercourse or jokes and insults aimed at sexuality;
- Threats of abuse, such as threatening to hit, harm, or use a weapon on another, or to tell others confidential information; and
- Psychological abuse, attacks on self-esteem, controlling or limiting another's behavior, repeated insults, and interrogation.

Exposure to these forms of violence can have significant negative effects on children's emotional, social, and cognitive development. Some of the effects may include:

- Aggressive behavior and other conduct problems;
- Depression and anxiety;
- Lower levels of social competence and self-esteem;
- Poor academic performance; and
- Symptoms consistent with post-traumatic stress disorder, such as emotional numbing, increased arousal, and repeated focus on the violent event.

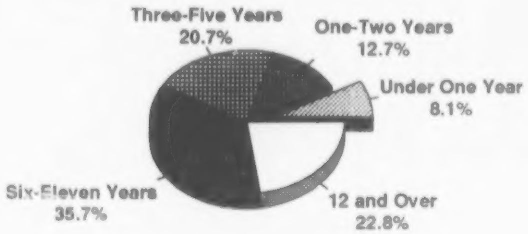
Children who are living with an adult who is abusive toward them, or toward another adult, grow up in an environment of uncertainty. In some circumstances, the violence results in the mother leaving with her child/children to seek a safe environment. In these instances, the child/children are subjected to new familial economic stresses. Many women are not financially, educationally, or emotionally ready to deal with supporting a family on their own. In many instances where domestic violence is present, the perpetrator may not have allowed the woman to pursue outside opportunities. Providing services to support the family in transition becomes a critical issue for communities and policy makers.

Child Abuse

Although the number of reported cases of child abuse was slightly lower for 1998 than in 1997, the number is still alarming. The Tennessee Department of Children's Services (DCS) estimates that 32,286 reports of child abuse and neglect were received in 1998. Of these investigations, 9,930 cases were estimated to be substantiated. There was slightly more than a 1 percent reduction in child abuse cases in 1998 from the previous year.

Tennessee Child Abuse/Neglect Reports

by Age of Alleged Child Victim, 1998



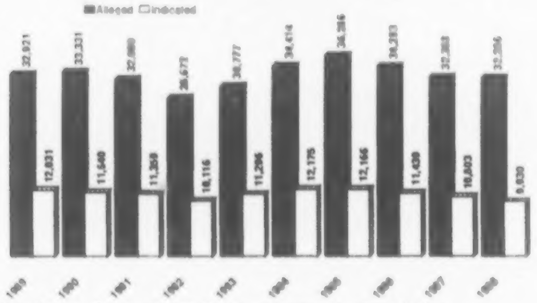
Source: Tennessee Department of Children's Services

Types of abuse

1. **Neglect.** The most common form of abuse. Children can be considered neglected if their caregiver does not provide for them emotionally, physically, and/or medically. Infants and children who are categorized as failure to thrive are considered to have been neglected. In 1998 45 percent of the children included in the category of Abuse and Neglect were cases of neglect.
2. **Physical Abuse.** A non-accidental physical injury of a child. Examples are beatings, bites, burns, strangulation, scalding resulting in bruises, welts, fractures, or serious internal injuries. Of the total number of child abuse cases in 1998, 26 percent were physical.
3. **Sexual Abuse.** Forced sexual contact of any nature, either physical or non-physical, between a child and an adult. Of all child abuse cases in 1998, 18 percent were sexual.
4. **Emotional.** A pattern of maladaptive behavior that attacks emotional development or sense of self worth. Of the total child abuse cases in 1998, 0.7 percent were emotional.

Statistics provided by DCS report that an overwhelming number of children are abused or neglected by their parents, stepparents, neighbors, or someone else living in the home. These cases account for 83 percent of all reported cases. School, child care, institutional staff, or foster/adoptive parents are alleged perpetrators in less than 3.5 percent of cases. Strangers are perpetrators in only 2 percent of the total cases. Victims of abuse tend to be young children. Forty-one percent of the reported cases involve children 0 to 5 years of age. Children age 6 or older are 58 percent of the reported cases. In Tennessee, citizens having knowledge of or called upon to render aid to a child who has suffered an injury of a reasonably suspicious nature are required by law to report such incidents to law enforcement, juvenile court, or DCS.

Number of Alleged/Indicated Child Abuse/Neglect Victims, 1988-1998

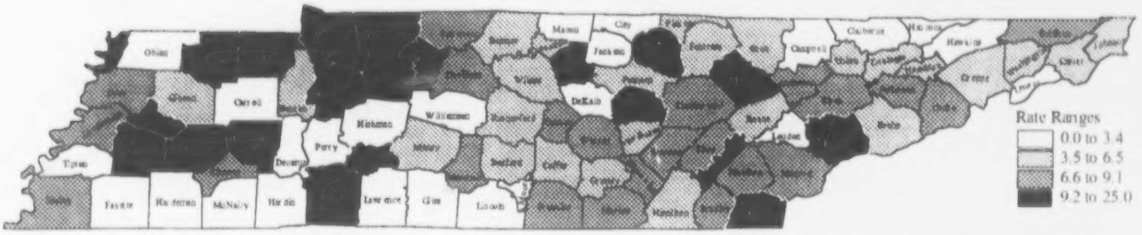


Source: Tennessee Department of Human Services and Tennessee Department of Children's Services

DCS is responsible for investigating allegations of abuse and neglect. If the investigation determines that an incident of abuse occurred, it is declared to be "indicated." If it is concluded that abuse did not occur, it is declared "unfounded." If the report is indicated, DCS arranges for services to be provided to protect the child. The child's family is also provided services to enable the family to remain together or to reunify the family if the child must be removed from the home.

Child Abuse

Indicated Child Abuse and Neglect Rate, 1998


Obion
Carroll
Tipton
Fayette
McNairy
Perry
Lawrence
Giles
Lincoln
Williamson
Maury
Bedford
Coffee
DeKalb
Jackson
Macon
Clay
Campbell
Greene
Loudon
Rate Ranges
0.0 to 3.4
3.5 to 6.5
6.6 to 9.1
9.2 to 25.0

County	Child Abuse	
	Number	Rate
Anderson	120	6.7
Bedford	47	5.0
Benton	14	3.6
Bledsoe	19	7.3
Blount	228	9.4
Bradley	183	8.6
Campbell	33	3.4
Cannon	27	8.3
Carroll	23	3.1
Carter	75	6.3
Cheatham	155	14.7
Chester	27	6.9
Claiborne	22	2.9
Clay	2	1.2
Cocke	54	7.0
Coffee	60	4.7
Crockett	38	10.5
Cumberland	85	8.4
Davidson	974	7.1
Decatur	5	2.0
Dekalb	8	2.1
Dickson	151	11.9
Dyer	75	7.4
Fayette	31	3.4
Fentress	17	4.1
Franklin	79	8.5
Gibson	65	5.3
Giles	20	2.6
Grainger	17	3.5
Greene	57	4.1
Grundy	21	5.6
Hamblen	85	6.3
Hamilton	464	6.2
Hancock	4	2.4
Hardeman	23	3.1
Hardin	15	2.3
Hawkins	28	2.3
Haywood	65	11.4
Henderson	69	11.4
Henry	78	11.3
Hickman	5	1.0
Houston	32	17.0
Humphreys	59	13.8
Jackson	6	2.8
Jefferson	71	7.0
Johnson	19	5.3
Knox	617	6.8
Lake	19	12.0
Lauderdale	47	6.6
Lawrence	1	0.1
Lewis	33	12.0
Lincoln	16	2.0
Loudon	21	2.2
Macon	7	1.4
Madison	535	21.9
Marion	53	7.4
Marshall	62	8.6
Maury	82	4.1
McMinn	106	9.1
McNairy	18	3.0
Meigs	47	19.9
Monroe	77	8.5
Montgomery	474	12.8
Moore	3	2.4
Morgan	78	16.3
Obion	19	2.4
Overton	46	9.8
Perry	0	0.0
Pickett	7	6.5
Polk	32	9.5
Putnam	73	4.8
Rhea	49	7.0
Roane	51	4.4
Robertson	104	6.6
Rutherford	253	5.1
Scott	22	3.8
Sequatchie	19	6.9
Sevier	104	6.5
Shelby	1,924	7.4
Smith	44	10.3
Stewart	67	25.0
Sullivan	228	6.6
Sumner	145	4.2
Tipton	33	2.1
Trousdale	7	4.2
Unicoi	3	0.8
Union	25	5.7
Van Buren	5	4.2
Warren	84	9.0
Washington	146	6.2
Wayne	42	9.7
Weakley	92	10.8
White	55	9.7
Williamson	61	1.8
Wilson	139	5.7
Tennessee	9,930	6.9

Source: Tennessee Department of Children's Services.

Note: Rates are based on per 1,000 of 1998 population estimates for children under 18. Data are for calendar year 1998.

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Juvenile Justice

According to data from the Tennessee Council of Juvenile and Family Court Judges (TCFFCJ), 1998 registered only a 3 percent increase from calendar year 1997 in the number of children referred to juvenile courts. While some of the increase in the rate of referrals is the result of improved training and competence of reporting staff, 41 of Tennessee's 98 juvenile courts verified that they saw fewer children in 1998 than in 1997. In 1998 Tennessee's juvenile courts served 69,941 children.

The juvenile courts with the largest number of children referred and disposed were located in the four urban areas: Shelby County/Memphis (leading the state with 16,369), Davidson County/Nashville, Hamilton County/Chattanooga, and Knox County/Knoxville.

The most common reasons children are referred to juvenile courts are delinquent offenses, unruly/status offenses, and dependent/neglect cases. A delinquent offense is an action committed by a juvenile that is in violation of law. Examples of delinquent offenses are traffic violations or vandalism. A status offense is an action that if committed by an adult would not be considered illegal. Examples of status offenses include violation of curfew, truancy, ungovernable behavior, unruly behavior, or running away from home. Children who are found to be dependent/neglect are not receiving proper care from their caregivers or are actually being abused by their caregivers.

What Works

- The data from the *Fight Crime* report suggests that a strong need for after-school programs exists for all children. Quality after school programs can reduce crime by:
    - Offering responsible adult supervision,
    - Constructive activities, and
    - Insulation from dangerous influences.
    - It also offers children the opportunity to be impacted by positive attitudes and values of the caretaking adults, as well as learning useful skills.
- The *Fight Crime: Invest in Kids* report also discussed developmental risks for latchkey children and youth, including their significantly greater risk of truancy, receiving poor grades, and risk-taking behavior including substance abuse. "Eighth graders who were unsupervised for eleven or more hours per week were twice as likely to abuse drugs or alcohol as those under adult supervision." This report makes clear the critical need for improved after-school programming for children.

Disproportionate Minority Confinement for Selected Counties

1998

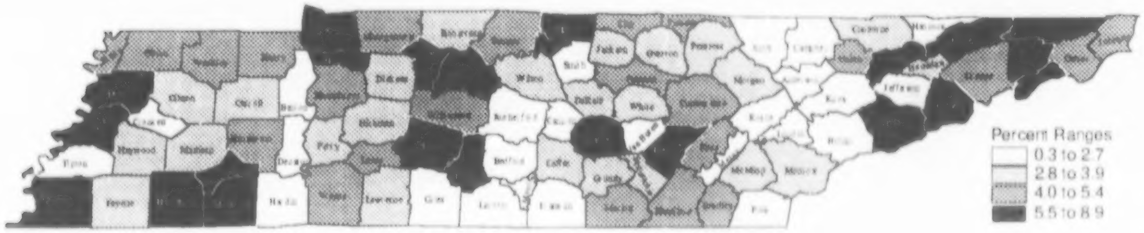
County	Percent of Population	Percent Represented in Juvenile Court Statistics
Davidson	31.6	58
Fayette	52.8	65
Hardeman	47.9	56
Haywood	58.9	78
Madison	40.5	62
Shelby	55	78

Source: Tennessee Council for Juvenile and Family Court Judges. *Note: Percentages represent data on all minorities.

Some juvenile cases are processed informally in juvenile court through pretrial diversion or informal adjustments. This involves a voluntary agreement between the court, the child, and the parents. A formal court trial is avoided, but the seriousness of the problem is addressed. In 1998 11.6 percent of all referrals to juvenile court were suitable for informal adjustment, with 4.1 percent being dealt with through pretrial diversion (which requires prior judicial approval of the agreement), and 7.5 percent addressed through an informal adjustment.

Juvenile Justice

Number and Percent of Children Referred to Juvenile Courts, 1998



County	Referrals	
	Number	Percent*
Anderson	313	1.7
Bedford	249	2.7
Benton	104	2.6
Bledsoe	144	5.5
Blount	5[illegible]	2.1
Bradley	84[illegible]	4.0
Campbell	175	1.8
Cannon	82	2.5
Carroll	257	3.5
Carter	511	4.3
Cheatham	632	6.0
Chester	232	5.9
Claiborne	277	3.6
Clay	72	4.3
Cocke	570	7.3
Coffee	461	3.6
Crockett	76	2.1
Cumberland	409	4.0
Davidson	9,860	7.2
Decatur	30	1.2
DeKalb	127	3.4
Dickson	402	3.2
Dyer	552	5.5
Fayette	355	3.9
Fentress	152	3.7
Franklin	233	2.5
Gibson	413	3.4
Giles	170	2.2
Grainger	373	7.7
Greene	617	4.4
Grundy	132	3.5
Hamblen	416	3.1
Hamilton	3,718	5.0

County	Referrals	
	Number	Percent*
Hancock	27	1.6
Hardeman	425	5.7
Hardin	129	2.0
Hawkins	749	6.3
Haywood	208	3.6
Henderson	267	4.4
Henry	373	5.4
Hickman	169	3.3
Houston	113	6.0
Humphreys	201	4.7
Jackson	78	3.6
Jefferson	227	2.2
Johnson	160	4.4
Knox	2,440	2.7
Lake	81	5.1
Lauderdale	613	8.6
Lawrence	349	3.2
Lewis	121	4.4
Lincoln	220	2.7
Loudon	261	2.7
Macon	284	5.8
Madison	820	3.4
Marion	291	4.0
Marshall	500	7.0
Maury	1,388	7.0
McMinn	411	3.5
McNairy	516	8.7
Meigs	63	2.7
Monroe	304	3.4
Montgomery	1,888	5.1
Moore	28	2.2
Morgan	144	3.0
Obion	320	4.0

County	Referrals	
	Number	Percent*
Overton	145	3.1
Perry	74	3.9
Pickett	53	4.9
Polk	80	2.4
Putnam	814	5.4
Rhea	354	5.0
Roane	313	2.7
Robertson	499	3.2
Rutherford	1,048	2.1
Scott*	18	0.3
Sequatchie	102	3.7
Sevier	1,272	8.0
Shelby	16,369	6.3
Smith	95	2.2
Stewart	186	6.9
Sullivan	1,931	5.6
Sumner	1,810	5.3
Tipton	356	2.3
Trousdale	116	6.9
Unicoi	198	5.5
Union	213	4.9
Van Buren	22	1.8
Warren	827	8.9
Washington	2,026	8.6
Wayne	174	4.0
Weakley	387	4.5
White	185	3.3
Williamson	1,838	5.3
Wilson	798	3.3

Tennessee**	69,941	4.8

Source: Annual Statistical Report, Council of Juvenile and Family Court Judges, and TCCY.

Note: the Sullivan number is the sum of Sullivan Divisions I and II and Bristol. The Washington County number includes Johnson City.

*County reported data for only first half of 1998. ** One percent of these referrals were either over 18 years old or unknown.

Juvenile Justice

Males were referred to juvenile court almost twice as often as females, and almost four times as often as females for alleged delinquent offenses. The TCJFCJ reports that white males represent 26,308 or 38 percent of the overall juvenile court population, as opposed to white females who totaled 15,547 and represented 22 percent of the juvenile court population. African-American males totaled 15,349, which comprise 22 percent of the juvenile court population, as opposed to African-American females who totaled 9,510 and represented 14 percent of the juvenile court population. This trend has remained consistent in juvenile court data since 1995.

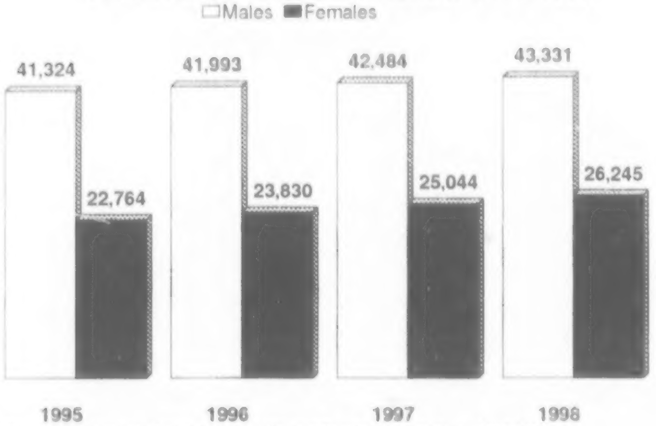
Another trend that has been consistently reported in Tennessee's juvenile court statistics since 1995 is that of disproportionate minority confinement. While non-white juveniles constitute only 22 percent of the overall juvenile population in Tennessee, they represent 37 percent of the juvenile court population. The TCJFCJ data reveals certain counties in the state where this trend is most evident.

Single parent (mother only) households contributed 38 percent or 26,581 children to the juvenile court population. This is clearly the most frequent living arrangement of children who enter the Tennessee juvenile court system. The next most common living arrangement is children who live with both parents, which represents 17 percent of the children who come to the attention of juvenile courts, less than half the percentage in mother-only households.

Another trend that has remained consistent since 1995 is that the majority of children referred to juvenile courts are enrolled in school, either part-time or full-time. Sixty-four percent of children in the juvenile court system were enrolled in school, 14 percent were either out of school (which includes students who have been expelled) or not enrolled at all, and 5 percent were enrolled in a special education curriculum.

Juvenile Court Referrals by Gender

Total Number Listed by Gender 1995-1998



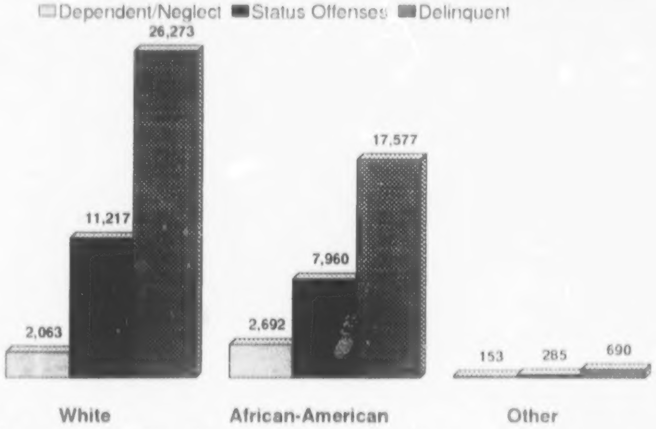
Source: Tennessee Council of Juvenile and Family Court Judges, 1995-1998.

Delinquent offenses were allegedly committed by more than half (65 percent) of the children who were referred to juvenile courts in 1998. Status offenders made up 12 percent of the referrals, with the remaining 23 percent being referred for non-offense reasons. "The 1998 data showed that the most commonly reported delinquent referral reasons to be traffic offenses, theft of property, assault, and disorderly conduct. The most often reported status offense referral reasons were truancy, in-state runaway and unruly behavior." Issues related to custody and dependency/

Juvenile Justice

neglect hearings comprised the majority of the non-offense court cases. These numbers show a consistent trend in referral reasons since 1995.

Tennessee Juvenile Court Referrals by Race and Offense Category, 1998



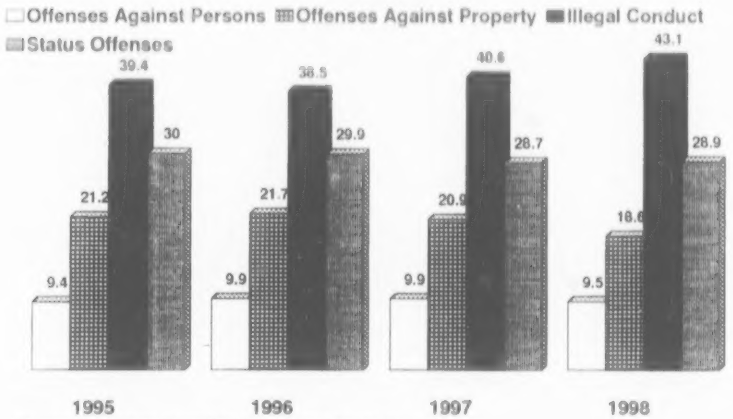
Source: Tennessee Council of Juvenile and Family Court Judges

The reasons children commit delinquent offenses are complex, but one recent article revealed a potential cause. A 1997 report to the United States Attorney General written by *Fight Crime: Invest in Kids* states, "The peak hours for violent juvenile crimes are 3:00 p.m. to 8:00 p.m." The writer reports "when the school bell rings, leaving millions of young people without responsible adult supervision or constructive activities, juvenile crime suddenly triples and prime time for juvenile crime begins."

"Half of all violent juvenile crime takes place during the six-hour period between 2 p.m. and 8 p.m., and nearly two thirds of all violent juvenile crime takes place during the nine hours between 2 p.m. and 11 p.m. In contrast, just one seventh occurs during the eight hours from 11 p.m. to 7 A.M., the period for which curfew laws are often suggested."

Percent of Tennessee Juvenile Court Referrals by Offense Category

1995-1998



Source: Tennessee Council of Juvenile and Family Court Judges

Courts vary in the completeness of their reporting of dependency and neglect cases. Nearly one third (30 percent) of Tennessee courts fail to report any of their dependency and neglect cases. Although the reasons behind the failure to report are unclear, it appears that a complex division of labor between the juvenile court and the juvenile court clerk's office in reporting data is partially at fault. According to the Council on Juvenile and Family Court Judges, steps are in place to provide training and technical assistance to courts to improve this situation (CJFCJ, 1999).

State Custody

In July 1996, services for children in the custody of four Tennessee departments were consolidated into a single entity, the Department of Children's Services (DCS). The challenges for the new department included designing a new service model to provide children and families appropriate and adequate services with consistency and continuity, reducing the number of children in state custody, and providing timely and cost-effective services.

Children may be adjudicated dependent/neglect/abused, unruly (status offenders) or delinquent. Status offenders are children who have committed offenses that are not illegal for adults but are for those younger than 18 years old. Unruly adjudications generally comprise those children who are truant, ungovernable, or runaway.

Commitment to state custody is the most serious sanction a juvenile court judge can administer to a child. The only exception is a child who has committed an offense that is so serious that the judge transfers the child's case to criminal court, where the child is tried as an adult.

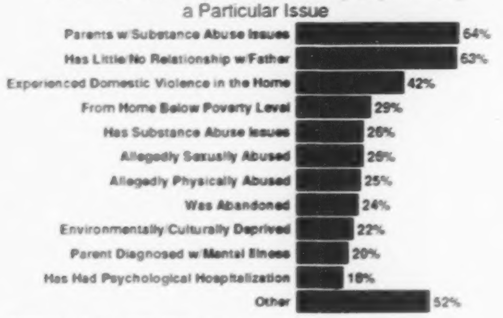
New commitments to state custody peaked in 1993-94 and have gradually declined since that time. Between 1994-95 and 1998-99 the number of children committed to state custody has decreased by nearly one third (32.3 percent). During the same period, the number of children remaining in care decreased by only 7.5 percent. The Tennessee Commission on Children and Youth's Children's Program Outcome Review Team (C-PORT) 1999 report indicates that children remain in custody too long due to delays in release from custody, termination of parental rights, and the adoption process. In some cases, the window of opportunity for children to go home or be released had passed and current circumstances and/or behaviors prohibited release.

The C-PORT evaluation tests service delivery system performance and outcomes. By examining relevant aspects of the lives of children in state custody and their families, the C-PORT process systematically documents the status of children and the performance of the service delivery system as it continues to evolve in Tennessee.

The 1999 C-PORT results indicate growing social ills, substance abuse issues among parents, incarceration of parents, poverty, domestic violence, child abuse, juvenile delinquency, and child and family conditions that contribute to the risk of children entering or remaining in custody (C-PORT, 1999).

Critical Issues for the Child

Percent of Children in State Custody Experiencing a Particular Issue



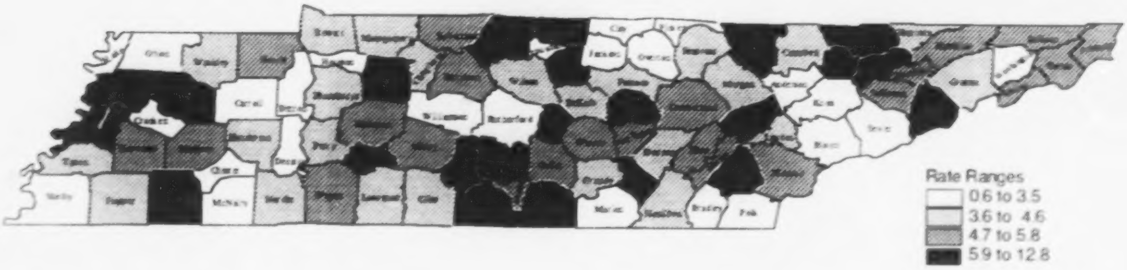
Source: TCCY C-PORT evaluation 1999

What works

1. Primary prevention for at-risk families with young children.
2. Intervention programs (such as juvenile court truancy programs) for children who have begun to experience problems in their homes, school, and/or communities.
3. Home Ties, an intensive diversion and reunification program for high risk youth on the verge of entering custody or who have recently left custody and returned home.

State Custody

Total Commitments to Custody, FY 1998-1999



	Commitments	
County	Number	Rate
Anderson	53	2.7
Bedford	90	9.1
Benton	11	2.6
Bledsoe	10	3.7
Blount	88	3.4
Bradley	74	3.4
Campbell	38	3.7
Cannon	21	6.2
Carroll	24	3.1
Carter	66	5.2
Cheatham	43	4.0
Chester	9	2.2
Claiborne	101	12.6
Clay	1	0.6
Cocke	51	6.2
Coffee	77	5.7
Crockett	10	2.6
Cumberland	51	4.9
Davidson	816	5.4
Decatur	6	2.3
DeKalb	17	4.3
Dickson	102	7.9
Dyer	63	5.9
Fayette	42	4.6
Fentress	19	4.4
Franklin	72	7.3
Gibson	89	6.8
Giles	34	4.1
Grainger	30	5.9
Greene	58	4.0
Grundy	18	4.6
Hamblen	77	5.4
Hamilton	314	3.9
Hancock	7	3.9
Hardeman	47	6.1
Hardin	25	3.6
Hawkins	60	4.8
Haywood	35	5.6
Henderson	23	3.7
Henry	37	5.1
Hickman	30	5.8
Houston	6	3.0
Humphreys	19	4.3
Jackson	7	3.1
Jefferson	50	4.9
Johnson	18	4.8
Knox	322	3.3
Lake	2	1.2
Lauderdale	98	12.8
Lawrence	47	4.0
Lewis	17	6.0
Lincoln	53	6.3
Loudon	35	3.6
Macon	34	6.8
Madison	147	5.6
Marion	27	3.5
Marshall	48	6.4
Maury	97	4.7
McMinn	73	5.9
McNairy	13	2.1
Meigs	13	5.5
Monroe	51	5.5
Montgomery	150	3.9
Moore	7	5.1
Morgan	22	4.4
Obion	25	2.9
Overton	9	1.9
Perry	7	3.6
Pickett	1	0.9
Polk	12	3.5
Putnam	72	4.4
Rhea	38	5.1
Roane	81	6.6
Robertson	75	4.7
Rutherford	72	1.4
Scott	36	6.0
Sequatchie	22	7.7
Sevier	42	2.6
Shelby	678	2.4
Smith	33	7.4
Stewart	12	4.3
Sullivan	184	5.0
Sumner	229	6.5
Tipton	73	4.6
Trousdale	1	0.6
Unicoi	22	5.7
Union	40	8.9
Van Buren	7	5.5
Warren	50	5.1
Washington	86	3.4
Wayne	22	4.8
Weakley	41	4.4
White	36	6.1
Williamson	92	2.7
Wilson	110	4.4
Tennessee*	6,431	4.2

Source: Tennessee Department of Children's Services, Office of Policy, Planning, and Research

Note: * Total includes 28 children whose counties were unknown.

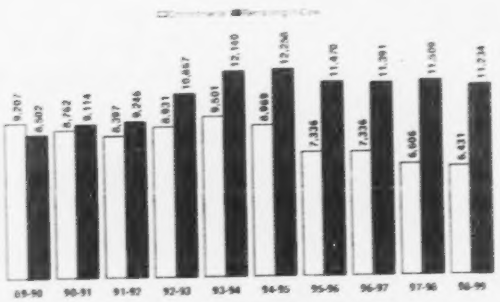
State Custody

4. Family Crisis Intervention Teams, providing services to all unruly youth and requiring certified referrals to juvenile courts before any unruly youth can be placed in state custody. This program has been successful in avoiding custody for 89 percent of youth served, allowing more funds to be devoted to prevention and family support services (TDES, 2000).

Principles that work in an effective Child Welfare System:

1. **Child Safety and Family Support**. Keeping families together by actively reaching out to parents to support their strengths as caregivers. If it becomes apparent that parents or caregivers cannot provide a safe environment then agency intervention to provide an alternate permanent home.
2. **Child and Family Well-Being**. Child well-being means meeting the child's basic needs so they have an opportunity to grow and develop in an environment that provides consistent nurture, support, and stimulation. Family well-being means that a family has the capacity to care for its children and fulfill their basic developmental, health, educational, social, cultural, spiritual, and housing needs.
3. **Community Supports for Families.** Healthy communities that offer support to families in providing a safe and nurturing child-rearing environment. Healthy communities offer both formal and informal supports to families that prevent harm to children.
4. **Family Centered Services.** Responsive child welfare services directly address the needs and interests of individual children and families. When families are actively involved in making key decisions, it is more likely that the family's capacity to care safely for its children will be increased.
5. **Cultural Competence.** A culturally competent child welfare system is one that develops behaviors, attitudes, and policies to promote effective cross-cultural work. By engaging in a cultural self-assessment process, the system begins to address a) how the agency worker values may affect the clients that they serve, and b) improving access, availability, acceptance, and quality of services to all cultural groups.
6. **System Accountability and Timeliness.** The system's effectiveness is measured in terms of its ability to produce defined and visible outcomes for children and families through a continuum of resources that can be shown to prevent problems from occurring in the first place, increase and maintain children's safety and families' emotional health and ability to care for children during transition, and prevent revictimization or other family problems.
7. **Coordination of System Resources**. Organization of system resources to ensure consistent, reliable, coordinated service delivery, along with the availability of informal supports for families in their own communities (Assessing Outcomes in Child Welfare Services, 1998).

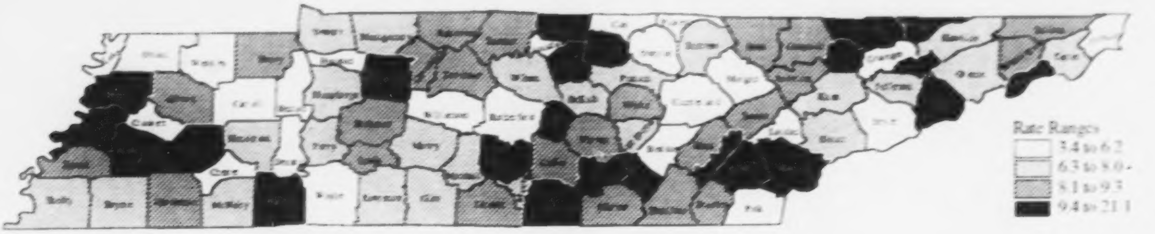
Children Committed to and Remaining in State Custody
FY 1989-90 through FY 1998-99



Source: Tennessee Department of Children's Services, Office of Policy, Planning and Research

State Custody

Number and Rate of Children Remaining in State Custody, June 1999



County	State Custody	
	Number	Rate*
Anderson	159	9.0
Bedford	147	16.4
Benton	13	3.4
Bledsoe	14	5.8
Blount	154	6.6
Bradley	171	8.7
Campbell	78	8.5
Cannon	44	14.3
Carroll	38	5.4
Carter	79	6.9
Cheatham	85	8.7
Chester	21	5.8
Claiborne	95	13.3
Clay	8	4.9
Cocke	81	10.9
Coffee	102	8.3
Crockett	12	3.5
Cumberland	50	5.3
Davidson	1,238	9.1
Decatur	9	3.8
DeKalb	25	7.0
Dickson	137	11.6
Dyer	92	9.4
Fayette	65	7.9
Fentress	28	7.2
Franklin	107	12.1
Gibson	100	8.4
Giles	49	6.6
Grainger	28	6.2
Greene	101	7.6
Grundy	43	12.1
Hamblen	136	10.4
Hamilton	674	9.2

County	State Custody	
	Number	Rate*
Hancock	27	16.6
Hardeman	60	8.5
Hardin	63	9.9
Hawkins	90	7.9
Haywood	58	10.3
Henderson	40	7.1
Henry	61	9.3
Hickman	39	8.2
Houston	11	6.1
Humphreys	30	7.4
Jackson	30	14.7
Jefferson	68	7.6
Johnson	20	5.9
Knox	689	7.8
Lake	6	3.9
Lauderdale	147	21.1
Lawrence	83	7.8
Lewis	24	9.3
Lincoln	70	9.2
Loudon	45	5.1
Macon	48	10.5
Madison	255	10.9
Marion	64	9.3
Marshall	51	7.5
Maury	140	7.5
McMinn	138	12.4
McNairy	36	6.3
Meigs	31	14.7
Monroe	88	10.5
Montgomery	263	7.6
Moore	8	6.5
Morgan	26	5.8
Obion	37	4.8

County	State Custody	
	Number	Rate*
Overton	19	4.4
Perry	14	8.0
Pickett	4	3.8
Polk	16	5.1
Putnam	104	7.3
Rhea	57	8.6
Roane	91	8.2
Robertson	122	8.4
Rutherford	160	3.6
Scott	48	8.8
Sequatchie	35	13.5
Sevier	90	6.1
Shelby	1,851	7.2
Smith	56	14.0
Stewart	20	8.0
Sullivan	282	8.4
Sumner	294	9.2
Tipton	131	9.0
Trousdale	7	4.5
Unicoi	37	10.8
Union	48	11.8
Van Buren	8	7.1
Warren	83	9.3
Washington	204	9.1
Wayne	21	5.1
Weakley	37	4.6
White	48	9.0
Williamson	103	3.4
Wilson	166	7.3

Tennessee**	11,234	8.1

Source: Tennessee Department of Children's Services, Office of Policy, Planning and Research

Notes: *Rate is based on per 1,000 of 1999 population estimates. **Includes 49 children whose counties were unknown.

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School Safety

Since 1992, eight Tennesseans have died at or near schools. One of these deaths was accidental, and one is listed as being of unknown intent (National Center for School Safety, 2000). Five of the deaths in Tennessee took place in urban areas.

In responding to the 1999 Youth Risk Behavior Surveillance survey, 8.6 percent of Tennessee students reported being threatened or injured by a weapon on school property. During the 1990s, the national rate has stayed around 7 or 8 percent. Only 4 percent of Tennessee students in 1999 said that they had stayed home from school within the past 30 days because of fear of violence.

One method chosen during the 1990s to address school safety concerns is "zero tolerance," which treats every infraction as serious. In 2000, legislation was passed to clarify zero tolerance. It limits state-established, one-year calendar year expulsions to students who bring a firearm to school; commit battery upon an school employee; or unlawfully possess any drug, including any controlled substance. Local school boards must have assurances that students are afforded fair due-process procedures. The change also conforms with the 1994 federal law by allowing local systems discretion in responding to zero tolerance infractions.

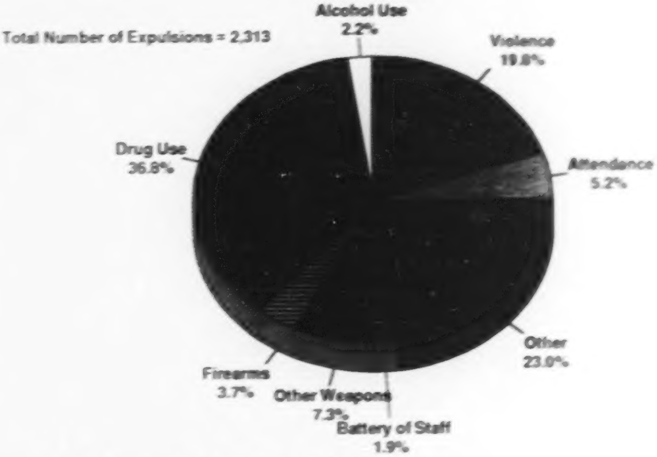
What Works

In addition to the use of expulsion and suspension, schools across the country have instituted school safety strategies, including restricting access to outsiders, placing school resource or law enforcement officers in the schools, and reducing the potential for conflict and violence.

The National Center on School Safety (2000) found that interpersonal disputes caused more than half or 54 percent of the deaths near and around schools about which information is known, excluding suicides or accidents. This suggests that training students in non-violent ways of dealing with conflict could be useful.

Reasons for Expulsions in Tennessee Schools

1998-1999



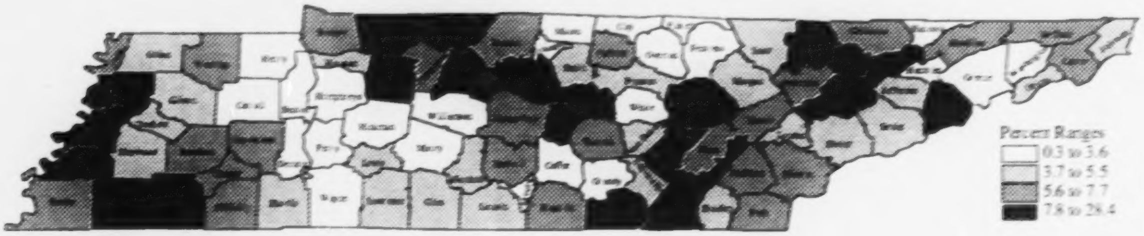
Source: Tennessee Department of Education

Local school systems also determine the punishment for other misbehavior. They use their own definitions to differentiate between suspension (temporary removal of a student from attending a school or activity) and expulsion (removal of students from the school's membership or enrollment lists).

Male students are more than three times more frequently expelled than females. The expulsion rate per 1,000 for Tennessee's African-American students is more than two

School Safety

Number and Percent of Students Suspended, 1998-99 School Year



County	Students Suspended	
	Number	Percent*
Anderson	769	6.0
Bedford	437	7.3
Benton	42	1.6
Bledsoe	144	8.1
Blount	898	5.5
Bradley	595	4.4
Campbell	729	11.2
Cannon	164	7.8
Carroll	143	2.7
Carter	543	6.4
Cheatham	420	6.1
Chester	161	6.5
Claiborne	322	6.7
Clay	17	1.4
Cocke	452	8.2
Coffee	258	2.9
Crockett	103	3.8
Cumberland	575	8.4
Davidson	10,254	14.5
Decatur	15	0.8
DeKalb	214	8.1
Dickson	680	8.6
Dyer	577	8.3
Fayette	1,096	28.4
Fentress	83	3.6
Franklin	345	5.8
Gibson	363	4.2
Giles	236	4.9
Grainger	390	12.1
Greene	338	3.6
Grundy	78	3.3
Hamblen	323	3.6
Hamilton	4,206	10.0

County	Students Suspended	
	Number	Percent*
Hancock	4	0.3
Hardeman	541	11.4
Hardin	165	4.1
Hawkins	586	7.5
Haywood	154	4.1
Henderson	335	7.6
Henry	135	2.8
Hickman	127	3.5
Houston	55	4.0
Humphreys	54	1.8
Jackson	103	6.3
Jefferson	339	5.2
Johnson	128	5.4
Knox	5,525	10.6
Lake	62	6.7
Lauderdale	662	13.9
Lawrence	286	4.2
Lewis	72	3.7
Lincoln	207	3.9
Loudon	259	4.0
Macon	111	3.1
Madison	776	5.6
Marion	388	8.4
Marshall	219	4.6
Maury	349	3.0
McMinn	586	7.3
McNairy	317	7.7
Meigs	144	8.3
Monroe	465	7.4
Montgomery	1,922	8.1
Moore	5	0.5
Morgan	182	5.5
Obion	296	5.4

County	Students Suspended	
	Number	Percent*
Overton	44	1.4
Perry	28	2.3
Pickett	8	1.0
Polk	164	6.9
Putnam	493	5.2
Rhea	356	7.3
Roane	514	7.0
Robertson	1,071	10.9
Rutherford	2,248	7.4
Scott	155	3.8
Sequatchie	99	5.5
Sevier	653	5.5
Shelby	11,199	7.0
Smith	131	4.2
Stewart	140	6.8
Sullivan	1,319	5.6
Sumner	1,502	6.7
Tipton	972	9.1
Trousdale	22	1.9
Unicoi	126	5.0
Union	303	9.7
Van Buren	34	4.2
Warren	490	7.7
Washington	543	3.5
Wayne	54	2.0
Weakley	328	6.3
White	114	2.9
Williamson	408	1.9
Wilson	1,717	11.7

Tennessee	66,764	7.4

Source: Tennessee Department of Education

Note: * Percent is based on head count during the first month of the 1998-99 school year.

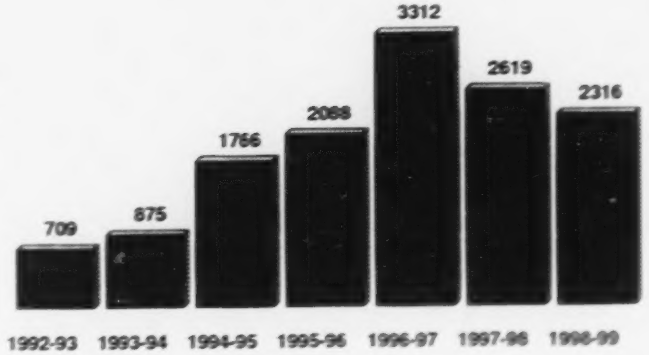
School Safety

times higher than that for white students. Nationally, nearly 25 percent of African-American male students had been suspended at least once during a four-year period (Harvard, 2000).

Some research connects racial differences in the rates of expulsions with disparities in the percentage of white and African-American youths confined in juvenile justice facilities. Los Angeles reported that 85 percent of all daytime crimes commited in 1993 were committed by truant youths (Harvard, 2000).

Number of Expulsions in Tennessee Schools

1992-93 to 1998-1999



Source: Tennessee Department of Education

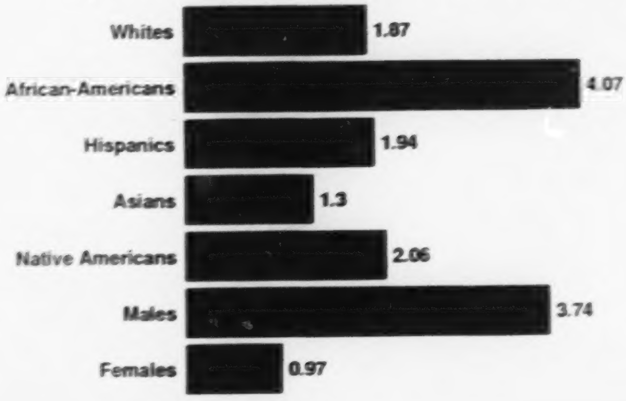
The application of zero tolerance policies has contributed to an increase in criminal charges filed against children for behavior in school, according to a report published by the Civil Rights Project at Harvard University (2000). Eighty percent of juvenile court judges in Tennessee responding to a 1998 survey question on zero tolerance reported dealing with children who were referred to court primarily because of zero tolerance offenses. Judges also expressed a belief that school personnel did not exhaust all alternatives before turning to the courts for assistance with zero tolerance and truancy issues.

General school improvement efforts and programs that involve parents have been associated with improvements in school safety. Research has found that low academic achievement is a strong predictor of future expulsion (The Dark Side of Zero Tolerance, 1999). Early identification and appropriate treatment of those with learning problems may be a more effective prevention of school problems.

Tennessee's efforts include conflict resolution and violence prevention training, surveys of system strategies and emergency prevention, and training systems on disciplinary hearing and due process procedures.

Tennessee School Expulsions 1998-99

By Race and Gender, Rate per 1,000 Students



Source: Tennessee Department of Education

Appendices

Definitions and Data Sources

Healthy Babies

Births Lacking Adequate Prenatal Care data represent the percent of births that have inadequate or intermediate prenatal care as measured by the *Kessner Index*. The Kessner Index is a scale of adequacy of prenatal care based on standards of the American College of Obstetricians and Gynecologists. This index of adequacy of prenatal care is based on the number of prenatal visits adjusted for gestational age. The Tennessee Department of Health compiled the data in this report for the calendar year 1998.

Child Death Rate represents the number of deaths per 100,000 children ages 1 to 14 from all causes. The data are reported by residence. This rate may appear excessively high in counties with small populations, although few child deaths occurred. The Tennessee Department of Health compiled the data in this report for the calendar year 1998.

Infant Mortality Rate represents the number of deaths per 1,000 live births of infants younger than 1 year of age. The data are reported by residence. The Tennessee Department of Health compiled the data used in this report for the calendar year 1998.

Immunization data represent completion rate (4 DTP or DT, 3 Polio and 1 MMR) for 2-year-old children vaccinated in a specific year. The data are based on an annual survey of a statistically valid sample of 1,622 resident births and does not include children who moved into Tennessee during the first two years of their lives. The Tennessee Department of Health Immunization Program compiled the data used in this report for the calendar year 1998.

Low-Birth-Weight Babies data represent the percent of live births recorded as low-birth-weight babies who weigh less than 2,500 grams (5.5 pounds) at birth. The data in this report were compiled by the Tennessee Department of Health for the calendar year 1998.

TennCare data are presented in two separate tables: 1) the percentage of the total population under age 21 who receive benefits, and 2) the percentage of the total population who receive benefits. Individuals included in the data were children and adults eligible for Medicaid, children and adults considered uninsurable, and children and adults who had applied and were approved for TennCare. The Bureau of TennCare compiled the data in this report for 1999.

Uninsurable Enrollee identifies individuals who provided documentation that they could get private insurance because of pre-existing medical conditions.

Uninsured Enrollee reports individuals who do not have access to private insurance through employment, i.e., people who enrolled early in the program when enrollment was open, Medicaid enrollees who are losing Medicaid eligibility and have no private insurance available, children enrolling under the open enrollment for children, and dislocated workers.

WIC stands for the Women, Infants, and Children Food Program, which was established in 1974 by Congress. WIC was designed to ensure positive health benefits for pregnant and postpartum women, infants, and children up to five years of age who are at nutritional risk. WIC provides essential milk and food supplements to aid normal growth and development. The Tennessee Department of Health, WIC, and Nutrition Unit compiled the data in this report for the calendar year 1998.

Healthy Children

Alcohol And Drug Abuse data represent the percent of lifetime recent and current prevalence of alcohol, tobacco, and other drug use among Tennessee high school students. The Tennessee Department of Health and the Community Health Research Group, University of Tennessee, Knoxville; Tennessee Department of Education; and Davidson County Department of Education (Youth Risk Behavior Survey) compiled the data used in this report.

Sexually Transmitted Disease Rate represents the number of teens ages 15 to 17 per 100,000 who were diagnosed with sexually transmitted diseases. The data in this report were compiled by the Tennessee Department of Health for the calendar year 1999.

Students Participating In Free and Reduced-Price Breakfast Program data represent the percent of students who received free or reduced-price breakfasts because their family incomes met certain criteria based on U.S. poverty levels. The Tennessee Department of Education compiled the data in this report for school year 1998-1999.

Students Participating In Free And Reduced-Price Lunch Program data represent the percent of students who received free or reduced-price lunches because their family incomes met certain criteria based on U.S. poverty levels. The Tennessee Department of Education compiled the data in this report for school year 1998-1999.

Teen Violent Death Rate represents the number of deaths per 100,000 teens ages 15 to 19 from homicide, suicide, and accidents. The Tennessee Department of Health compiled the data in this report for the calendar year 1998.

Healthy Minds

Cohort Dropout Rate represents the percentage of an entering ninth grade class that has dropped out by the end of the 12th grade. The cohort rate measures what happens to a single group, or cohort, of students over a period of time. Cohort rates are important because they reveal how many students starting in a specific grade drop out over time. This is a new data category in Tennessee. The Tennessee Department of Education compiled the data in this report for the calendar year 1999.

Early Head Start was designed with the advice of the Advisory Committee on Services to Families with Infants and Toddlers. Established by the secretary of the U.S. Department of Health and Human Services, the Committee consisted of the leading academic and programmatic experts in early childhood development and family support. Early Head Start builds upon both the latest research and the experiences of such pioneering initiatives as the Parent and Child Centers and the Comprehensive Child Development Program. The U.S. Department of Health and Human Services compiled the data in this report for the calendar year 1999.

Education - Average Daily Attendance (ADA) divides the total number of days present by the number of days taught within the accounting period (20 days) reported to the fourth decimal place. To calculate full time equivalent (FTE) ADA for vocational classes, divide total hours attended by

120 (a 6-hour day times a 20-day accounting period). The Tennessee Department of Education compiled the data in this report for the calendar year 1998.

Event Dropout Rate represents the percentage of a specific school population who drop out during a calendar year. The event dropout rate provides a measure of recent dropout experiences. Event rates are important because they reveal the proportion of students who leave high school each year without completing a high school program. Tennessee defines it as the number of dropouts (grades 9 to 12) in a given calendar year divided by the net enrollment (grades 9 to 12) for the same year. The Tennessee Department of Education compiled the data used in this report.

Head Start is a national program that provides comprehensive developmental services for America's low-income, preschool children ages 3 to 5 and social services for their families. Specific services for children focus on education, socio-emotional development, physical and mental health, and nutrition. U.S. Department of Health and Human Services compiled the data in this report.

Net Enrollment is the sum of original students who were enrolled after the last day of the previous school year and students entering for the first time in this school year or who transferred from another state. The data in this report were compiled by the Tennessee Department of Education.

Regulated Child Care Agencies And Spaces Data represent the capacities of child care agencies measured by the number of agencies and spaces. The data in this report were compiled by the Tennessee Department of Human Services on July 1, 1999.

Special Education data represent the percent of students in Tennessee school systems who received special education services. This group does not include gifted children and functionally delayed students because the U.S. Department of Education does not list these disabilities. The Tennessee Department of Education compiled the data in this report for school year 1998-1999.

Data reported in the 2000 Kids Count: State of the Child differs from that in the 1999 publication because earlier reports used Tennessee's definition of special education services, which differs from the federal definition. Tennessee's count includes children ages 3 to 5 who would not be a part of the school population if they did not have a disability. The state includes gifted students, children in private schools, and an additional category of disability, other functionally delayed, within the category special education. This covers children whose cognitive development is seriously delayed but who have developed appropriate adaptive behaviors, who are "street smart." This year the Department of Education supplied information comparable to the federal data. The Tennessee Department of Education compiled the data used in this report.

Healthy Families

Assistance Units (AU) are groupings of individuals based on benefit eligibility (cases).

Children In Poverty data represent the percent of related children, including the head of the family's children by birth, marriage, or adoption. Data also include other persons younger than 18 years old related to the family head, living in families with incomes below the U.S. poverty threshold (defined by the U.S. Bureau of the Census). In 1996, the poverty threshold for a family of two adults and two children was $15,911. The Annie E. Casey Foundation (1994-2000) compiled the data in this report. *Kids Count Data Book 2000, State Profiles of Child Well-Being* is published by The Annie E. Casey Foundation, Baltimore.

Domestic Violence is an act or threat of violence by an adult intimate partner in the form of physical, sexual, or psychological abuse. Physical abuse comes in one or more combined forms of the following behavior: slapping, punching, pulling hair, or shoving. Sexual abuse comes in the forms of forced or coerced sexual behavior, such as unwanted fondling or intercourse or jokes and insults aimed at sexuality. Psychological abuse comes in the form of attack on self-esteem, controls or limits of another's behavior, repeated insults, interrogations or threats to hit or harm, or use of a weapon on another, or even threats to tell others confidential information. The data used in this report were compiled by Tennessee Bureau of Investigation.

Eligible Children are the children in particular households who qualify as a part of an assistance unit (case).

Families First Cases data represent the percent of children under 18 years old, who received financial support from Families First, Tennessee's Temporary Assistance for Needy Families (TANF) program. The data in this report were compiled by the Tennessee Department of Human Services for the fiscal year 1998-1999.

Fair Market Rent (FMRs) are gross rent estimates; they include shelter rent and the cost of utilities, except telephone. HUD sets FMRs to assure that a sufficient supply of rental housing is available to program participants. To accomplish this objective, FMRs must be both high enough to permit a selection of units and neighborhoods and low enough to serve as many families as possible. The level at which FMRs are set is expressed as a percentile point within the rent distribution of standard quality rental housing units. The current definition used is the 40th percentile rent, the dollar amount below which 40 percent of standard quality rental housing units rent. The 40th percentile rent is drawn from the distribution of rents of units that are occupied by recent movers (renter households who moved into their unit within the past 15 months). Newly built units less than two years old are excluded, and adjustments have been made to correct for the below market rents of public housing units included in the data base. The U.S. Department of Housing and Urban Development compiled the data in this report.

Food Stamp Population data represent the percent of Tennessee's eligible population who receive food coupons from the federally funded Food Stamp Program. The data in this report were compiled by the Tennessee Department of Human Services for the fiscal year 1998-1999.

Households refer to groupings of individuals living in a residence.

Housing Price Index is calculated by dividing a county's average price paid per home (standardized so that state quality equals the state average price) by the quality measure. A value greater than one indicates housing of comparable quality costs more in that county than it does in the state as a whole. The data in this report were compiled by the Tennessee Housing Development Agency for the calendar year 1998.

Non-Eligible Children are children in a household who do not qualify for the assistance unit.

Per Capita Income data represent the per capita personal income for each county. The data in this report were prepared by the Center for Business and Economic Research, College of Business Administration, the University of Tennessee, Knoxville.

Population data represent the number of persons living in a statistical unit (i.e., a state or county). The data in this report were compiled by the Division of Assessment and Planning, Tennessee Department of Health, and revised March 19, 1999.

Populations Younger than 18 data represent the percent of the total resident population younger than the age of 18 years, including dependents of Armed Forces personnel stationed in the defined areas. The data in this report were compiled by the Division of Assessment and Planning, Tennessee Department of Health, and revised March 19, 1999.

Single Parent Family data represent the percent of families with "own children" younger than age 18 living in a household headed by an adult, male or female, without a spouse present in the home. "Own children" are never-married children under age 18 who are related to the householder by birth, marriage, or adoption. The data in this report were compiled by The Annie E. Casey Foundation. *Kids Count Data Book 2000, State Profiles of Child Well-Being*, published by The Annie E. Casey Foundation, Baltimore.

Tax Burden data represent the ratio of tax paid by a family to the family income. The *Progressivity Regressivity Index* compares the percentage of tax burden for a low-income family with the percentage of tax burden of a high-income family. The 1999 sales and use tax collection data used in this report came from Tennessee Department of Revenue.

Teen Birthrate represents the number of births to teens ages 15 to 17 per 1,000 females in this age group. Tennessee Department of Health compiled the data in this report for the calendar year 1998.

Teen Pregnancy Rate represents the number of live births, reported fetal deaths, and induced terminations of pregnancy per 1,000 teens ages 15 to 17. Tennessee Department of Health compiled the data in this report for the calendar year 1998.

Unemployment Rates represent the percent of unemployed persons during the reference weeks who were available for work, except for temporary illness. In addition, these individuals had made specific efforts to find employment at some time during the four-week period ending with the reference week. People who were waiting to be recalled to a job from which they had been laid off need not have been looking for work to be classified as unemployed. The Tennessee Department of Labor and Work Force Development, Employment Security compiled the data used in this report.

Youth Unemployment Rate represents the percent of people who are 16 to 19 years old and do not yet have a job but are available to work or actively seeking employment. The numbers are estimates based on 1990 U.S. Census population data. Tennessee Department of Labor and Work Force Development, Employment Security compiled the data used in this report.

Healthy Communities

Child Abuse And Neglect Rate represents the number of cases per 1,000 children under 18 years old. Child Abuse and Neglect is defined as a foreseeable and avoidable injury or impairment to a child or the unreasonable prolonging or worsening of an existing injury or impairment in a child. The 1999 data were compiled by the Tennessee Department of Children's Services.

Children In State Custody data represent children (per 1,000) who are in the legal custody of the state as of June 30, 1998, the last day of the state fiscal year. The Tennessee Department of Children's Services compiled the data in this report for the fiscal year 1998-1999.

Children Referred To Juvenile Courts data represent the percent of children younger than 18 years old who are referred to a juvenile court. A referral is defined as any action involving a juvenile that results in a determination, finding, or outcome with a written record maintained in the juvenile's name. There are three categories of referrals: 1) offenses against persons, offenses against property, illegal conduct, violation proceedings, and status offenses; 2) issues affecting the safety and well-being of the referred child, such as abuse, dependency, neglect, or termination of parental rights; and 3) judicial actions taken on behalf of the child or upon request of the child and parent or guardian. The data in this report were from an analysis of raw data provided by the Tennessee Council of Juvenile and Family Court Judges for the calendar years 1993 to 1997.

Commitment Rate To State Custody data represent the number of children (per 1,000) who are committed to state custody by a court order, juvenile court commitment order, or an order issued by a juvenile court judge or referee. Children in state care are in the legal custody of the Tennessee Department of Children's Services. The data in this report were compiled by the Tennessee Department of Children's Services for the fiscal year 1998-1999.

Expulsion occurs when a student is prohibited from attendance at school, usually long term. A student is not recorded as being a part of the public school attendance program during the expulsion period. According to TCA 49-6-3401(g), expelled means removed from the pupil's regular school program at the location where the violation occurred or removed from school attendance altogether, as determined by the school official.

Suspension occurs when a student is suspended from attendance at a school, usually short term. The student is recorded as a part of the public school attendance program during the out-of-school suspension. The Tennessee Department of Education compiled the data used in this report.

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